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Could call help in emergency—

## Robot nurse giving continual report on patient envisioned by scientists

WASHINGTON, Nov. 3 — (AP) — also be included in the system, they said.

Robot nurses, capable of summoning aid to dying hospital patients, appear possible as outgrowths of missile age technology, a team of Navy researchers reported yesterday. But if such systems are to be realized in the hospital of tomorrow, they said, the medical profession must pay more attention to possibilities suggested by missile age developments.

*The B'ham News*  
They envisioned a system of automatic devices for continuously recording a patient's physical and psychological reactions and transmitting them to nurses' stations and doctors elsewhere in the hospital.

*B'ham News*  
The two researchers said robots—aside from being of particular value in emergency situations—could also provide continuous records of any patient's condition during intervals between doctors' visits to the bedside.

*Shura 11-3-60*  
Capt. Carl E. Pruett, a Navy doctor, and John N. Shellabarger, both of the staff of the Pacific Missile Range and the Navy Missile Center at Point Mugu, Calif., outlined the concept in a report prepared for the 67th annual convention of the Assn. of Military Surgeons of the United States.

*P. 41*  
THEY SAID such a system appears possible as a result of miniaturized and other electronic equipment already developed to monitor the performance of unmanned missiles—and to transmit physiological data from animals shot aloft in missiles and from fliers in test aircraft.

"A system is visualized," they said, "wherein a patient who is quietly dying and unable to sound an alarm would, without self-initiated action, audibly and visibly call the attention of the supervisor to his critical condition."

"This can be accomplished through modern electronic sensing, communicating data storage and data monitoring devices capable of automatic continuous comparison of critical physiological conditions such as body temperature, respiration (breathing) rate and heart beat with pre-established limit norms."

Instruments for continuously recording a patient's brain waves—thus serving as a monitor of psychological reactions—might



19 1960

# N. C. Has Fewer Doctors-Per-Population

By DAVID COOPER

North Carolina citizens seeking medical care have fewer doctors-per-population to treat them than do residents of 36 other states in the country.

The doctor distribution problem has drawn attention from an association of Southern legislators concerned with regional education. Figures released last week in Baltimore, Md., by the Southern Regional Education Board showed that in 1959 North Carolina had 94.3 doctors for every 100,000 people.

The national average, according to SREB, is 128.6 physicians for every 100,000 population. And the average of 16 southern states, including North Carolina, is 100.5.

## Distribution Problem

The other side of the coin is the problem of distributing the physicians about the State.

James T. Barnes, executive director of the North Carolina Medical Society, said the physician placement service operated by his office now has 165 community applications for a doctor.

Most of the 165 towns wanting a general practitioner are in rural areas. At the same time, 133 doctors have indicated to his office that they're searching for locations in which to perform the general practice of medicine.

But many of the doctors looking for an area in which to practice aren't too interested in the small town. Urbanization has had its effects on the medical profession.

## Shortage In South

At the meeting in Baltimore, SREB members, including North Carolina State Sen. Lunsford Crew of Roanoke Rapids, were concerned about the shortage of doctors in the South.

The Southern legislators attending the Baltimore meeting passed a resolution introduced by Crew calling for a study aimed at lifting restrictions in some states against non-resident students seeking admission to state medical schools.

Medical officials in North Carolina were quick to say that there are no restrictions here against out-of-state students.

Dr. W. R. Berryhill, dean of

the medical school at Chapel Hill, said about 10 per cent of the medical students there are from out-of-state. He thinks the almost double tuition fee for out-of-state students keeps more from coming to North Carolina to study.

Dr. Barnes Woodhall, dean of the Duke Medical School in Durham, said, "I believe it is quite unnecessary to formally disclaim the fact that non-resident people have been barred from matriculation in Duke University Medical School."

He pointed out that "of the 312 students presently enrolled in the medical school, only 94 of them come from North Carolina."

Barnes said the number of doctors is something that has been "of concern to organized medicine."

The State society is, in fact, trying to get more physicians interested in contributing funds for support of medical education, he said.

Actually, North Carolina's doctor-people ratio has climbed faster in the last 11 years than in almost any other Southern state.

Barnes said North Carolina was in 46th place in the nation six years ago, but has now climbed up to 37th in the physician-population ratio.

In 1949, there were 3,275 doctors in the State. In 1959, there were 4,295, according to SREB's figures. And the SREB estimates that in 1975, North Carolina will have reached the present national ratio of physicians to people.

But the organization is concerned that the national ratio may climb in the same period.

## UNC Helped

Big factor in the rise has been the opening of the State medical center and school at Chapel Hill. Duke, UNC and Bowman - Gray now turn out a total of about 195 graduates each year.

There is some consideration being given to beefing up the output with the possibility of a new four-year medical school to be located in Charlotte.

So far, such a proposal is strictly in the idea stage, but those doing the thinking say the school, connected with one of Charlotte's large hospitals, could be put into operation for about \$6 million.

According to Barnes and others, a more pressing problem in this

State is the distribution of physicians.

The new doctor of 1960 comes out of med school hipped on the subject of continuing his training at a large medical center.

And innumerable small towns across the State needing his services have trouble landing him.

## More Specialists

For one thing, more and more physicians want to specialize rather than set up a general practice.

While Barnes' placement service now lists five vacancies in the State for surgeons, 64 physicians have applied to the placement service for positions as surgeons.

There are 14 vacancies for internal medicine, but 42 doctors are looking for a spot to locate in the internal field.

It took six years for the placement service to find a physician who would locate in the small town of Magnolia. And in one coastal community, two wealthy citizens had to guarantee a new doctor a \$10,000 yearly income before one would locate there. However, several years later a new road opened up the area and now the community has three physicians, all thriving.

Barnes says it would help solve the rural areas doctor problem and help the young physicians too if more graduating physicians would consider going out into the hinterlands—to a small hospital or in practice with another doctor—for a year or so before heading to the big medical centers for more training.

"They'd probably be more apt students, too," he said.

A Virginia legislator at the Baltimore conference spotlighted the problem when he said, "We could have provided more doctors and still not have any of them in our rural areas."

One suggestion of the SREB drew strong opposition from Barnes and Dr. Berryhill. It was the possible establishment of two-year basic science schools in the South. The idea would be to provide graduates who could fill vacancies in the third-year classes of four-year medical schools.

Both Barnes and Dr. Berryhill said the flunk-out or drop-out rate of medical students at the three Tar Heel institutions is now very low. They view the two-year basic science schools as "unwise" and as possibly causing educational standards to be lowered.

# Antibody Mechanism May Cause Diseases

Chicago, Ill.

The theory that the antibody-producing mechanism in man can cause diseases is gaining support and may be the key to a better understanding of rheumatoid arthritis and other disorders.

The Journal of the American Medical Association said today.

The autoimmune process, man's natural resistance to disease, consists of the ability to produce antibodies to fight off the infection.

An editorial in the current (Aug 13) Journal cites accumulating evidence that abnormal antibody-producing cells can cause Red Wolf Disease, technically known as systemic lupus erythematosus (SLE).

The evidence "seems convincing" and may mark "the beginning of a new era" in defining the causes of other diseases such as rheumatoid arthritis, Addison's disease, and chronic pancreatitis, the Journal commented.

The Journal referred to an editorial on Red Wolf Disease by Dr. William Dameshek, professor of medicine, Tufts University School of Medicine, Boston, in the current (August) Archives of Internal Medicine, published by the A. M. A.

Dr. Dameshek said, "We believe there is sufficient evidence at hand to call SLE a complex autoimmune disorder with irregular involvement of various con-

stituent, with progressively blood vessels, thus resulting in a highly protean (changeable) disorder.

"Involvement at the beginning may be limited to one tissue, one organ, or one blood cell constituent, with progressively greater involvement as time goes on. Finally, there is a widespread generalized disease with death ordinarily due to severe renal (kidney) disease."

Dr. Dameshek said the reasons for groups of abnormal antibody-producing cells to develop are "obscure."

Red Wolf Disease is a chronic disorder, more common among women than men. It is not rare and can cause death. The symptoms include fever, arthritis, joint pain, and skin rash.





**QUADS MEET CELEBRITIES**--Floyd Patterson, World's Heavyweight Champion, is admired by Althea Gibson, Women's Tennis Champion, and the Fultz Quadruplets--one of the world's rare sets of identical quads. Pet Milk Company proteges since birth, the pretty teens are on a summer tour of Midwest cities. Meeting with

the two world acclaimed champions was a highlight of the girls' trip to Chicago. In the Windy City, they were feted at parties, made television and press appearances prior to departure for Pittsburgh and attendance at the National Medical Association Convention.

becomes distended, his limbs swell with water, his mentality suffers, and finally he goes into nervous convulsions quickly followed by death.

Though the disease is rapid in onset and severe in intensity, a switch to proper diet can cure it quickly. However, authorities say there is a "point of no return" after which brain and heart damage cannot be repaired.

## 'Red-Haired Disease' Peril to Children Cited

By WILLIAM HINES  
Star Staff Writer

A mysterious, easily prevented "red-haired disease" is needlessly threatening the lives of 100 million children in the world today.

In the largest city of Black Africa thousands of children suffer with the disease, but only 5 per cent come from families too poor to afford a quick and certain cure.

The cruel ailment prevails throughout the tropics and even occasionally breaks out in the Southern United States.

It is called kwashiorkor from an African dialect word meaning red hair.

A dietary disease, it first manifests itself by a bleaching or reddening of the normally black hair of Negro children. The disease and what to do about it, occupied the attention of scientists yesterday at an opening session of the Fifth International Congress on Nutrition.

Taboos and superstitions of backward peoples were blamed in large part for the prevalence of kwashiorkor, and easily procurable protein sources were suggested for its cure.

### Half of City's Children Die

Dr. W. R. F. Collis, a British scientist at a hospital in Ibadan, Nigeria, reported on a study in that city of 500,000. Half the children there die before reaching maturity, and kwashiorkor is a direct or contributing cause in the majority of those deaths.

"Yet these people are not

poverty stricken," Dr. Collis said. "80 per cent are not 'poor' (by African standards) and only 5 per cent are destitute."

"We are dealing with a preventable condition. The thing now is to do something about it."

Kwashiorkor apparently is caused by a protein deficiency, resulting from the almost exclusively starchy diet fed to children immediately after weaning.

### How Disease Develops

Weaning in some African communities occurs as late as four or five years of age.

At weaning, the child is switched suddenly from nutritious mother's milk to a diet of pap made from jams, cassava or manioc, which are high in carbohydrates but low in the protein amino acids essential to life and health.

The first symptoms is the red hair, then the child's stomach



# Graves quads mark first birthday

By ELIZABETH OLIVER  
BALTIMORE

The widely-known Graves quadruplets of Annapolis, Md. reached their first birthday Monday, Oct. 10 in excellent health, cutting teeth, pulling up, trying to stand and generally enjoying the world of one-year-olds.

They were born Oct. 10, 1959, at John Hopkins Hospital, the first quartet born there in the hospital's 80-year history.

The three girls and a boy, in the order of their birth, are Kim Marie, Karen May, Kevin Mark and Katherine Mary.

At birth they weighed 4 pounds, 8½ ounces; 3 pounds, 13½ ounces; 3 pounds, 11 ounces; and 3 pounds, 8 ounces respectively.

KIM MARIE was born at 1:17 p.m. and the other three arrived within 35 minutes afterwards.

Their mother, Mrs. Jane Lorraine Graves, only 5 feet 2 inches tall, normally weighing 140 pounds, resides with her mother and father, Mr. and Mrs. Milton Simms, No. 5 Lee St., Annapolis.

She has eight other children, ages 14 to 3 years of age including two sets of twins ages three years and nine years.

Since Dr. Frank Leads, resident physician in obstetrics, delivered the quads, their lives have been quite normal despite world-wide attention.

Their diet has been a normal one. Meade Johnson Co. has continued to furnish a milk of a new and special formula, on which they seem to thrive.

AT THE one-year point they enjoy all junior baby foods, eat four times a day, have had all necessary medi-

cation and shots due them. On Monday their weights were as follows: Kim Marie, 22 pounds; Karen May, 21 pounds; Kevin Mark, 20 pounds; Katherine Mary, 19 pounds.

Kim Marie has four teeth, two top, two bottom; Karen May, 2½ teeth (one pushing through); Kevin Mark, Katherine Mary, three each.

Their first birthday was celebrated with a party at their home.

Present were relatives and Gerald Alter, Los Angeles, Calif., who has been their benefactor and sort of "God-father" since the first month they were born.

Mr. Alter's father was born Oct. 10, he says, but this is but one of the reasons he has taken interest in the quads.

Soon after their birth, he read AFRO stories and discovered the quartet was without support of a father, that the family of 12 children would have to depend on public assistance.

Since then he has sent monthly presents including cribs, bassinets, winter and summer clothing, furniture, two sets of twin strollers, high chairs and many other gifts.

HE PROMISED in Oct., 1959 to be present at their birthday party and he arrived by jet plane early Monday morning.

The special birthday gift was sent a week previously and consisted of a double chest of drawers, four night tables with drawers, all in blond maple and with mirrors.

A family dinner was served and mother, Mrs. Graves, cut the birthday cake, a four-layered one with white icing decorated with three pink roses and one blue rose.

Also in colored icing were the quads, chattered baby talk (they can only say buy-buy, hey and ma-ma).

HOWEVER, the day went on as usual. This is their daily schedule:

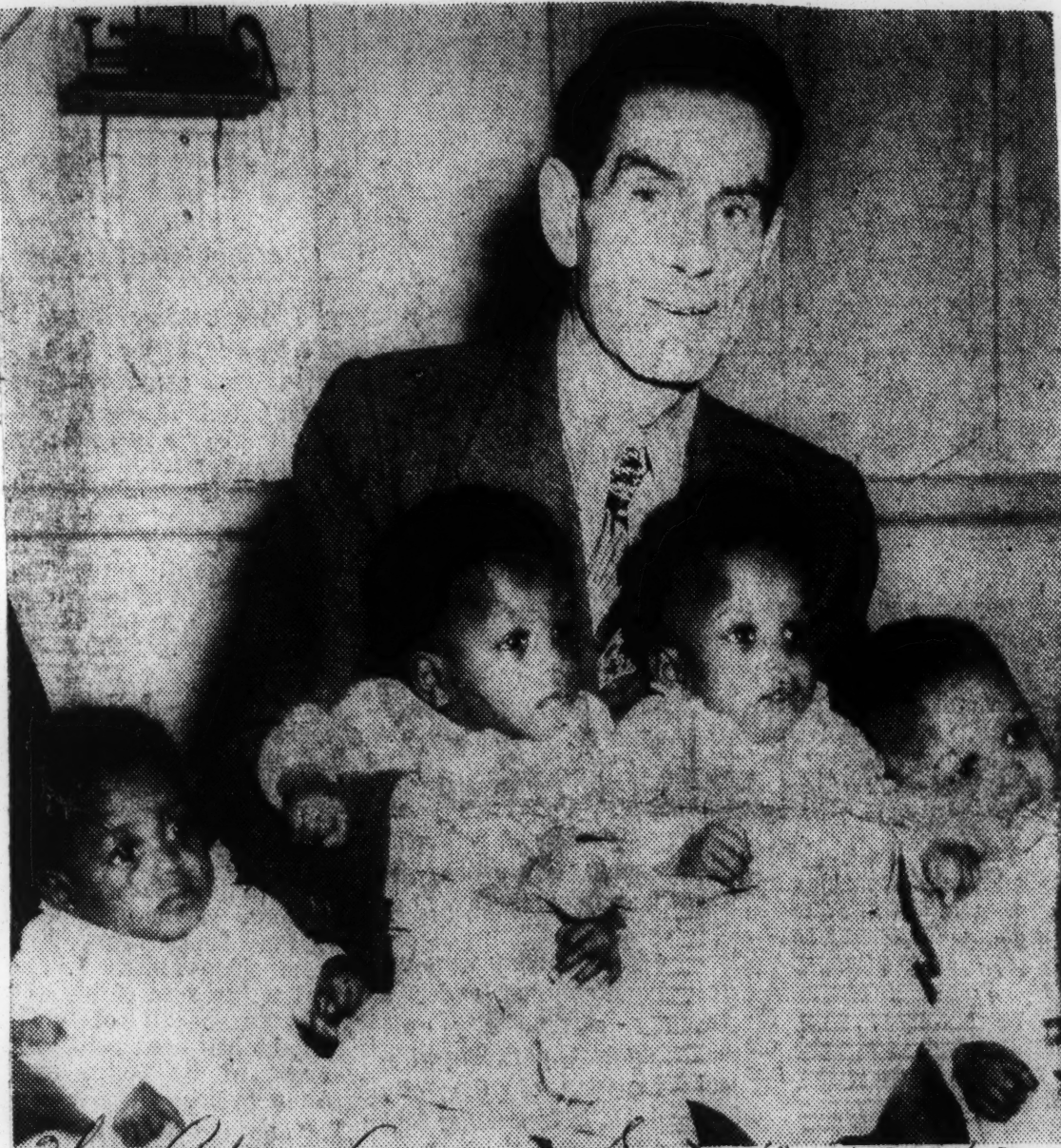
Up at 6 a.m., fed by bottle

on formula; play, back to sleep; breakfast at 9 a.m.; play until 12 noon lunch; more play; back to sleep; afternoon nap; awake at 4 p.m. supper at 5 p.m.; play until 6 p.m. bottle and bed for the night

"Play" for the quads means pulling up in their cribs, rolling over, chattering with the other children, crawling; played with balls, rattles and soft animal toys.

Bath-time consumes four hours, Mrs. Graves says. Each one must be bathed separately and clothed. Each one has to have a little "splashing time."

KEVIN, THE boy, especially likes to bounce in his crib and spends as much time as he can on his knees, playing with a blue ball. He can and say "ma, ma", "hey" and "bye-bye".



AT LAST, on Oct. 10, Gerald Alter, Los Angeles, Calif. ballet teacher, a native of Switzerland, got to see his self-adopted quadruplets. Shown above at the AFRO office on Wednesday, Mr. Alter holds them fondly. He arrived by jet at Baltimore, journeying to Annapolis, the quads' home on

Sunday, and joined in the birthday party on Monday, after waiting a year to see them. He gifted them with bank accounts, made a plea to citizens for aid so their future can be secure. The quads, left to right, are Katherine Mary, Kevin Mark (boy), Karen Mae and Kim Marie.



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## Recluse Gives \$349,797 for Disease Study, Cure

*New Orleans*  
The United States Public Health Service was the recipient here Thursday of \$349,797.33 in stocks and bonds left by an 82-year-old Spanish - American War veteran. For more than 25 years he had lived to himself in a single room at 728 St. Charles.

The donor was Edward L. Shepard, who, in his will identified himself as a "Sergeant in Company 'G' of the Missouri Infantry in the War with Spain." Shepard died May 19.

The will designated the United States attorney for the district comprising Orleans parish, or his successor in office, as executor of the estate. The succession was opened in civil district court, through US attorney M. Hepburn Many.

Attaches of the US attorney's office said that from the information they gathered the veteran had lived here as a virtual recluse for years.

The Shepard will stated, "... I give, devise and bequeath all my property real and personal to the National Institute of Health, United States Public Health Service, for research wholly in cure and prevention of chronic spastic constipation."

# Doctor Shortage May Worsen As Enrollments Drop

## "Greatest Profession" Is Ignored

### Unlicensed Medics Forced Off Staff; Situation Is Acute

By LeROY POPE  
United Press International

NEW YORK — The business of being a doctor is better today than it ever was — yet medical schools are having trouble getting enough students, medical experts report.

Moreover, hundreds of towns are begging medical societies and welfare foundations to help them get a doctor to locate in their communities. They offer financial help and promise him a lucrative practice. Many a small town doctor nets \$25,000 a year, and the profession is about the highest paid in the land.

THE DOCTOR shortage, which has been getting worse ever since 1950, became more acute this summer when a crackdown by various medical and hospital associations forced 4,000 unlicensed European and Asiatic internes and residents off hospital staffs.

These foreign - trained doc-

ors failed in examinations last spring to show sufficient professional qualifications or knowledge of English to keep their jobs. Another 5,000 foreign - trained doctors passed the examinations.

BUT THE crackdown may keep 1,500 to 3,000 foreign doctors from coming to the United States in the next year. Couple this with the fact that American medical schools are getting one - third fewer applicants for admission than they did in 1950 while the population has gone way up, and, the experts said, the doctor shortage assumes alarming proportions.

It is made even worse, say the medical society spokesmen, by the fact that the average American goes to see the doctor twice as much as his parents did.

THE AMERICAN Medical Association alone got just under 1,000 requests last year from communities asking help in getting a doctor. Other medical societies got such requests although certainly not so many as the AMA.

Dr. Walter Wiggins of the AMA says a small town has virtually no chance of attracting a doctor nowadays unless local groups help financially to set him up in practice.

FARM organizations and some big corporations have taken an interest in the matter. Sears, Roebuck and Co., for example, has helped a number of communities to get doctors.

The strangest thing is to find the medical schools, which only a decade ago were desperately expanding facilities to make room for quali-

fied applicants clamoring to get in, now advertising for students.

APPLICATIONS actually dropped from 22,279 in 1950 to 15,172 in 1958. Money is the biggest reason. It costs an average of \$47,000 to educate a general practitioner and 164,000 to educate a specialist. That is not all out of pocket expense to the young doctor and his parents — but the cash outlay over 10 to 12 years may be \$20,000 just for a G.P. Then he must be set up in practice.

Next, too many youngsters think they can't make it. They imagine medical schools won't look at an application from anything less than an A - minus student. Fact is 65 per cent of all medical students come from the "B" ranks and 16 per cent were only "C" students as undergraduates — yet many of these make good doctors, medical school records show.

THE MEDICAL profession's constant fear is that the doctor shortage will lead to government controlled socialized medicine.

They hope to see the scholarship approach, financed by government and business jointly, used to solve the doctor shortage with the scholarship - aided doctors becoming private professional men instead of government employees.



# Dr. Goodpasture, Pioneer in Vaccine

*The Washington Post*  
Washington, D.C. P. 4B  
Thurs. 9-22-60

Dr. Ernest W. Goodpasture, 73, former scientific director of the Armed Forces Institute of Pathology here and pioneer in the development of mass-produced vaccines, was stricken with a heart attack while raking leaves in the yard of his Nashville home Tuesday. He died an hour later.

The internationally recognized pathologist developed a vaccine for mumps, and his research led to mass production of vaccines against yellow fever, influenza, small pox and typhus fever.

In 1931, while a professor of pathology at Vanderbilt University Medical School, he hit upon the idea of using live chick embryo for cultivating viruses. His successful experiment, though little noted at the time, later made possible the immunization of thousands of American soldiers during World War II.

Science Yearbook of 1944 remarked: "For this accomplishment, the rewards have been singularly small. Goodpasture might have patented his procedures and made millions. He would have no truck with the idea. His payment came in the form of a few honorary degrees and medals."

Dr. Goodpasture held honorary degrees from Yale, Tulane, Chicago and Washington Universities. Among his other honors were the Kappa Sigma Man-of-the-Year Award in 1946 and the Gold-headed cane—the highest pathology award given by the American Association of Pathologists and Bacteriologists—which he received in 1958.

A native of Clarksville, Tenn., he was a graduate of Vanderbilt University in 1907 and received his medical degree from Johns Hopkins University in 1912. He worked at Johns Hopkins, Peter Bent Brigham in Boston, and the Harvard Medical School before becoming chief of the Department of Pathology and Bacteriology at the University of the Philippines.

In 1924 he returned to Vanderbilt and became dean of the School of Medicine in 1945.



DR. E. W. GOODPASTURE

From 1955 until retirement last year he served as scientific director of the Armed Forces Institute of Pathology.

Dr. Goodpasture was a member of many medical and scientific societies, including the National Academy of Sciences. He was also on the board of directors of the Oak Ridge Institution of Nuclear Studies from 1946 to 1952.

Surviving is his wife, Sarah Marsh, who was a member of his staff when he was engaged in virus research; a daughter, Mrs. Joseph Little of Cincinnati; a brother, A. V. Goodpasture, news editor of the Nashville Tennessean, and a sister, Mrs. Karl H. Martzloff of Portland, Oreg.

# Paraffined Gauze Is Called Big Step In Dressing, Treating Severe Burns

*The Washington Post*  
Thurs. 9-22-60  
By Nate Haseltine  
Staff Reporter

A single strip of paraffinized gauze is better than all the mummy-like swathings most doctors use for severe and extensive burns, it was reported here yesterday.

The recommended one-layer dressing is laid over freshly grafted areas, and stitches bordering healthy skin or flesh.

Dr. Duane L. Larson, senior surgical resident at University Hospital, Madison, Wis., told a scientific session of the current First International Congress on Research in Burns that the new covering was tested against conventional bulky dressings, and won out on all counts.

Its mass use advantage, Dr. Larson said, is that it can be applied and quickly in mass casualties, such as flash fires in crowded places or after atomic attack.

Other advantages cited by Dr. Larson included:

- It inhibits bacterial growth, whereas the bulk bandages provide an incubator for germ growth.
- It is about one-third as uncomfortable.
- It can be applied to all areas, including the face.
- Grafting underneath is always visible.
- It must be changed less often, with less anesthesia.
- Bleeding beneath it is immediately discernable.
- Graftings beneath it "take" more readily.
- No inflammation occurs to the edge areas of the dressing.

The report was presented to a gathering of international burn experts, meeting at the National Naval Medical Center, Bethesda, under sponsorship of the armed services and the United States Public Health Service.

Two other congress participants, in separate reports, for the severely burned.

Dr. Bruce M. MacMillan, associate clinical professor of surgery, University of Cincinnati School of Medicine, said he did so by cutting away all dead tissues in the burned areas, usually between the 2d and 5th day after the injury.

Conventionally surgeons hold dressing off, sometimes for weeks before the grafting surgery.

Dr. Douglas Jackson, surgeon-in-charge, Burns Unit, Birmingham Accident Hospital, England, said he operated even earlier, sometimes within hours of admittance, and got the same good results.

## U. S. HEALTH CENTER DEDICATED IN SOUTH

*The W. Y. Jones*  
Special to The New York Times.

ATLANTA, Sept. 8 — Representative John E. Fogarty, Democrat of Rhode Island, urged Thursday a campaign for wider use of "rich, life-saving" from research laboratories.

He and Arthur Flemming, Secretary of Health, Education and Welfare, were among the speakers at the dedication of a new \$12,500,000 headquarters here for the United States Public Health Service's Communicable Disease Center.

Representative Fogarty, chairman of the House Health Appropriations subcommittee, said the nation needed mass screening clinics, high nursing-home standards, organized home-care programs and environmental health plans.

"The big health issues of today are so broad they cannot possibly be solved by any one group or profession," he said.

Secretary Flemming said he would be happy to join such a campaign.





ONE BIG CAKE . . . . . TWO CELEBRATIONS! Here, the FULTZ QUADS of Milton, North Carolina are shown at the "crucial" moment during their 14 h birthday party, May 23. It was the occasion for double festivities, marking also their 8th grade graduation from Yanceyville Consolidated School. Classmates and faculty attended. The famous four are the world's only identical Negro quadruplets. At birth they were provided with milk, medical care and special housing by the PET Milk Company which has continued its assistance toward their support throughout the years.

## Blood Pressure Of Negroes Studied By N. Y. Scientist Seek Cause Of Increase After Move From Country To City

New York, June 3—Medical records from around the world were studied here yesterday afternoon in an effort to find whether stresses imposed on Negroes who move into urban communities were responsible for their higher blood pressure.

It has long been known that Negroes in the United States have higher blood pressure than do comparable white population. Also, Negroes here die from three to nine times as often—at different rates in different states—than do comparable whites from the effects of higher blood pressure than did

Scientists at a conference sponsored by the New York Academy of Sciences disagreed on whether American Negroes had higher blood pressure because of the stresses involved in moving from primitive to urban communities. Perhaps some factor not now recognized may be the cause of the disease, it was suggested.

The discussion drew prepared papers and comments from many medical and social scientists interested in working together to find the effects of culture and society on health of an individual. At the heart of the discussion is the belief that, if the cause of higher blood pressure in Negroes compared with whites can be found, a major step will have been taken in the quest of this disease among all people.

548 comparable tribesmen who had remained in rural areas. This observation he attributed to stresses of city life on the Zulus.

The 1,053 Zulus studied by medical and psychological teams recognized, he said, the strains of city life, but they were forced to leave their villages to support their families. In studying Zulus in the city, the group found that "not only was there poverty, but degradation and humiliation in the treatment of Africans by Europeans, frequent arrests, high rates of illegitimacy, divorce and separation, alcoholism and open competition for the few jobs."

"You can't prove it," Dr. Scotch commented later, "but stress in these Negro lives must be taken into account in relation to their higher blood pressures."

A different view was taken by Dr. Marvin Moser, a cardiologist of Montefiore discussing studies of Negro populations in Liberia and in the West Indies. Dr. Moser said that the ancestors of American Negroes came from West Africa and hence could not be compared with

South African Negro populations reported on by Dr. Scotch.

Dr. Moser argued that many Negroes in Liberia and in the West Indies had high blood pressure without urbanization and that these populations were more comparable to contemporary American Negro populations than are South Africans. He reported on four-year studies of 2,350 Negroes in Liberia and the West Indies.

Perhaps West African Negroes have a genetic susceptibility to high blood pressure, he suggested. In any case Dr. Moser declared, the explanation that "stress" causes high blood pressure in both American Negroes and whites is "too easy."

Dr. John Cassel, a South African physician now at the University of North Carolina School of Public Health in Chapel Hill, cited studies by others showing that top executives were particularly not prone to high blood pressure as had been held. Perhaps top executives come from high-status families, he suggested, and this "immunizes" them against the "potentially deleterious effects of clawing their way up the hierarchy of an industrial organization."

Dr. Cassel said he believed that stress and tension among Negroes in American cities probably contribute to their observed higher blood pressure.

About 200 researchers in the social sciences and in medicine are attending the conference at the Barbizon-Plaza Hotel here.



# Negro Identical Twins Here Celebrated Their 98th Birthday In June; They Live With Faith In Creator

By EDWIN GRAVES

Josh and Caleb Lawson, Negro twin brothers, celebrated their 98th birthdays on June 20. Both have been living in Talladega for 53 years.

"Yes sir, I spect I'll reach my 100th birthday. The way I've been climbing I believe I will," says Josh.

While Josh, who lives on Tinney Street, is confident that he will reach his 100th birthday, Caleb, who lives in McCannsville, isn't so sure.

"I don't know if I'll make it or not. You can't never tell 'bout those things," he said.

One thing the brothers agree on heartily is that they like to work. Josh still works some, but Caleb hasn't been able to work for the last few years.

"I've been working on the yards around here for 39 years and I loves to work. I can't sleep nights and so I gets up and works in the yards.

"Sometimes it's at 9 o'clock and sometimes at 11 o'clock, but I rake the yards when I can't sleep," said Josh.

"There's one thing I wish I could do and that's work. I wants to but I'm just not able any more," Caleb said.

"I used to build cisterns around Talladega I built several of them in Bemiston and around here."

When Caleb and Josh were young boys, their father borrowed \$300 from a man in Rockford. He bound his three sons, Josh, Caleb and John, who is dead, over to the man to work for one year to repay him.

"He wouldn't let nobody but me look after him when he got old. I just figured the Lawd would look after me and him," Josh said.

Both brothers are married, it being Josh's sixth marriage and

Caleb's fifth.

Caleb married his present wife, Carrie, when he was 96 years old. She is 79 and it was her third marriage.

Both brothers are church members and are "firm believers".

"I remember a man named Pace that told me when I was a boy that someday there would be flying carriages and motor carriages, and it come to pass," said Caleb.

Josh and Caleb are identical twins. The only visible differences are Josh's limp and Caleb's mustache.



**PITTSBURGH HONORS FULTZ QUADS.** — Joseph M. Barr, Mayor of Pittsburgh, presents the Key to the City to the famous Pet Milk Fultz Quads (left to right, Mary Alice, Mary Ann, Mary Louise and Mary Catherine). Also present are Dr. Edward Mazique, outgoing President of the

National Medical Association, and Mrs. Louise Prothro, Pet Milk Home Economist. The Quads, now fourteen years old, were in Pittsburgh to attend the junior activities of the NMA Convention.





**CARDS FROM WELL WISHERS** — Twelve year old Adrian Scott and her mother, Mrs. Mable Scott, view cards from well-wishers following her return here from Boston, and a delicate eye operation. Adrian stayed at the clinic for a month, undergoing surgery that salvaged partial sight in her right eye. She lost sight in the left eye from a rare retina detachment. She received some 40 cards while in the hospital. — (Perry's Photo)

### Boston Operations Over

## Adrian Scott To Continue Eye Treatment At Grady

By GEORGE M. COLEMAN

A plucky little 12-year-old girl, who braved two desperate operations in Boston to save her dwindling sight, is back in Atlanta with improved vision and courage to continue treatment which will be taken up by Grady Hospital in further efforts to form a shield against complete darkness.

Adrian Elaine Scott, who has not been released by operating physicians as yet, will report to Grady Hospital Tuesday morning, as a wave of joint medical cooperation reaches from the Massachusetts

Eye and Ear Infirmary to this southern city from which she was sent early in May through unselfish help and understanding of those who wanted to aid her. And her mother, barely catching her breath from the tense, yet

heart warming experience, has a promise for a future eye sufferer. "I'm going to dedicate my eyes to the eye bank. I won't know anything about it when it happens. But maybe they can help someone else."

Mrs. Mabel Scott, mother of six children, and resident of 2171 Clarissa Drive in Perry Homes, was tired but happy over the path taken by events for her daughter.

"She can see," she exclaimed. "She can see large letters—She's not supposed to, if she sees some thing, she just blurts it out."

The mother told how Adrian stumbled over virtually everything in her path, "and couldn't tell what she was eating, except by taste."

And then she revealed the change;

"She can see how to feed herself. I don't know the exact amount of vision she has. The doctor from the beginning said she'll never have perfect vision. But she can see."

Mrs. Scott was filled with thanks for Atlanta people who helped her in this hour of need, and told especially how a money order sent by employees of Lockheed Aircraft corp., arrived on the day she had to pay rent in Boston, with her funds exhausted to the point of surrender.

She told of the tears of relief, and the appreciation to all who aided her.

Adrian does not have to go back to Boston, it was learned. The chief surgeon, who is Japanese, was assisted by most of the specialists in the clinic. Among them was a physician who will be settling up offices here next month. Her case will be handled by him at Grady Hospital.

The child is actually not well yet. In the words of her grandmother, Mrs. Willie Bell Crawford, "she has to be quiet, and not move around too much." But she is improving.

The hospital was described as a sort of last resort affair. There is a general hospital which handles the so called impossible case "from all over the world."

Mrs. Scott said she met people from many countries, and talked to some after they received transplanted eyes.

And of Adrian, there is only a brighter outlook. Her operation was paid for by the state crippled children's division. Her transpor-

ation was handled by the Elks, and other details by fellow Atlantans. Through this combined effort they relieved "one of the worst cases," and proved this after all is a world worth seeing.

## CLAY-EATING WOMEN GET A NEW DISEASE

WASHINGTON (Science Service)—Georgia women who crave and actually eat local clay during pregnancies are twice as likely as most people to get a mysterious illness called sarcoidosis.

The clay-sarcoidosis link was reported at a three-day international conference held at the National Academy of Sciences here. All sessions were devoted to the mysterious disease, which mimics tuberculosis, certain industrial diseases such as beryllium poisoning and certain fungus diseases.

Dr. G. W. Comstock, Dr. H. J. Keltz and Dr. D. J. Sencer, all of the United States Public Health Service, reported that "the type of clay most desired for eating appears to be concentrated in the areas where sarcoidosis is most prevalent."

"In addition, this clay contains appreciable amounts of beryllium," they added.

Sarcoidosis is detected principally by chest X-rays. Its symptoms can be lung trouble, swollen glands or skin rashes. The illness can strike any body organ.

About 75 per cent of the victims recover spontaneously. The remaining 25 per cent develop disability ranging from chronic cough to a crippling of the lungs followed by death.

There is no known cure for sarcoidosis, although cortisone-like drugs have proved helpful in preventing further damage to the eyes, heart and central nervous system of sufferers.

The disease claims 200 lives annually in the United States.



# Acute Doctor Shortage Is Big Worry of South

*The Washington Post*  
Washington, D.C.

By Elsie Garper  
Staff Reporter

Legislators from 16 Southern and border states met last week to deal with an acute shortage of physicians and medical training facilities.

Meeting in Baltimore to discuss problems on a regional level, they pointed to these facts:

• The South is far behind in the number of physicians.

• This lag could prevent it from attracting new industry.

• Southern schools need a whopping \$155 million for remodeling and expanding medical, teaching, and research facilities.

• The average family in the South and throughout the Nation cannot pay the full costs of a medical education.

The regional approach to problems in higher education has become a routine procedure in the South since the formation more than 10 years ago of the Southern Regional Educational Board, sponsor of last week's conference.

## Raise Living Standard

Purpose of the Board is to raise the standard of living of the South by raising the educational level of the population.

The SREB came about after World War II when Southern states began to realize that their best students were leaving the area for Northern colleges frequently to remain in the North after graduation.

Many Southern states lacked facilities to educate in medicine, dentistry, veterinary medicine, forestry, and advanced engineering and agriculture. And they lacked the funds to create new schools or improve the curricula.

The states entered into a compact to form the Board which now arranges for the students to attend schools out-

side their home state but to return to the South.

The Board is made up of the governors of the compact states and four other persons appointed by each.

Winfred L. Godwin, director of development for the Board, told the delegates that the South's ratio of 101 physicians for every 100,000 person is considerably below the national ratio of 129 for every 100,000.

The unfavorable comparison exists despite extraordinary efforts on the part of some Southern states to train more doctors. Since World War II, the Universities of Florida, Kentucky and Miami have built new schools of medicine, and the Universities of Mississippi, North Carolina and West Virginia have expanded schools that gave two years of medical training to four-year schools. In addition, Texas has taken over a private medical school and turned it into a state-supported institution.

To catch up with the rest of the nation by 1975 the South will need a total of 86,000 doctors or the addition of 15,000 in the next 15 years.

Godwin said that Southern schools need \$15 million for the rehabilitation and remodeling of present teaching facilities, plus an additional \$55.5 million by 1965 for new teaching facilities. If these facilities are provided, Godwin said, some 300 additional students could be admitted annually.

The region's schools also need \$20 million for new research facilities, \$60.6 million for construction of teaching hospitals and \$4 million for related facilities. The total is a staggering \$155.1 million.

The legislators were told that even if the facilities are made available there is no guarantee that the standard of

medical practice in the South would be improved.

Marion B. Folsom, former Secretary of the Department of Health, Education and Welfare, told the conference this is caused by: The great length and cost of medical training, the comparatively small number of fellowships available, competition from other scientific careers where such grants are available, the lack of part-time jobs for medical students, and the failure to interest high school and college students in medical careers.

J. Frank Whiting, an assistant division director of the Association of American Medical Colleges, emphasized the need for financial assistance to medical students. He said that more and more, the average family in the South and the Nation is simply unable to bear the complete burden of paying for a medical education. Whiting suggested a program of grants and loans to supplement a student's own financial resources.

## Residential Bars

Dr. Robert J. Glaser, dean of the School of Medicine at the University of Colorado, pointed out that legislators are defeating their own purpose when they set up residential restrictions at state-supported institutions.

Dr. Glaser suggested that states give first preference to qualified residents and then fill remaining vacancies with superior applicants from out of state.

The conference came to no definite conclusions and adopted no resolutions but there was a general feeling that the South should consider doing more than it has in the past in pooling its resources, in pouring more money into its medical schools and broadening admission policies.



## Reds Return Amputated Parts to Bodies of Dogs

New York, Feb. 6 (AP)—The dogs in Dr. A. G. Lapchinsky's Moscow laboratory lend their legs and kidneys to science—but they always get them back.

For six years Russian surgeons have had remarkable success in amputating dog's legs, preserving them for about a day, and returning them to the dog.

Now they also have had success with an internal organ—specifically the kidney, Dr. Lapchinsky told a New York Academy of Sciences meeting on transplantation.

### Credits Intricate Devices

As with the dog's legs, the kidneys apparently are not harmed by their vacation from the dog's body.

It may some day mean, Dr. Lapchinsky told newsmen earlier, that maimed human limbs could be amputated, repaired, and joined back to the victim.

Dr. Lapchinsky said the Russian success was due to the intricate equipment and techniques developed at the Institute of Experimental Surgical Apparatus and Instruments in Moscow.

When the dog's legs or kidneys are cut away by the surgeons the blood vessels in the dog's body are clamped off. The leg is immediately perfused with circulating fresh blood of the same type as the dog from which it came. The limb is then refrigerated to about 35 degrees Fahrenheit.

### Kidneys Refrigerated

The kidneys are not perfused with blood, but they are refrigerated.

Some have been kept as long as 28 hours before being returned to the dog.

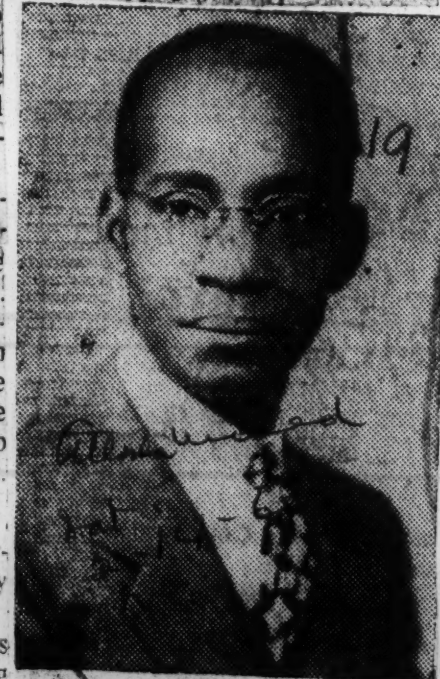
All of the blood vessels are joined together again by staples and sutures. Nerve sheaths are joined together. Bone is fastened by small metal nails.

Another Russian scientist, Dr. Mikhail M. Tarasov of the Sklifosovsky institute in Moscow, told how the Russians have been using the blood from cadavers for transfusions in living patients.

Such blood now can be stored for four to five weeks after a person dies, Dr. Tarasov said. It is used on about 80 per cent of the patients at his institute, he added.

## DR. WATSON TO HEAD HEART FUND CAMPAIGN

The Atlanta Heart Fund campaign is slated to receive an additional boost this week when Division 8, of the Atlanta Metropolitan Area, holds a kickoff dinner Friday night, Feb. 19, at 6:30 o'clock at the Butler St. YMCA. Solicitation kits will be given chairmen and workers. Central campaign leaders will speak.



DR. MELVIN WATSON

Thursday that volunteer workers of the 1959 campaign will join persons who have indicated they will take the lead in the 1960 effort, helping to make the largest report in its history. Dr. Watson is pastor of Liberty Baptist Church and a professor at Morehouse College.

At a steering committee meeting Thursday night, Dr. Watson pointed out the need for funds for heart research, since this is man's greatest killer. At least 100 workers will be needed to man the several divisions needed to solicit the Atlanta area.

### FOUR-WEEK CAMPAIGN

Although the month of February has officially been proclaimed as "Heart Month" in Atlanta, Division 8 will extend its campaign for four weeks beginning Friday night. There will be participation in the general "Heart Sunday" on February 28.

The Heart Fund supports the work of the Heart Association. More lives are lost, the security of more families jeopardized and more businesses imperiled by the cardiovascular diseases than by any other health menace. A large portion of the funds collected in Atlanta remain here to support research, professional and public education and community service activities, the three major elements of the program against the heart diseases carried on throughout the

year by the American Heart Association, its affiliates and chapters.

Divisional chairmen under Dr. Watson will work educational, special gifts, professional, churches, and social agencies, fraternal and business areas. The roll of the leadership will be published later.

## LONGEVITY IN U. S. RISES TO 69.7 YEARS

The average length of life of the American people reached a new high of 69.7 years in 1959, statisticians of the Metropolitan Life Insurance Company report.

The previous high—69.6 years—was registered in 1954 and also in 1956. In 1958 it was 69.5 years.

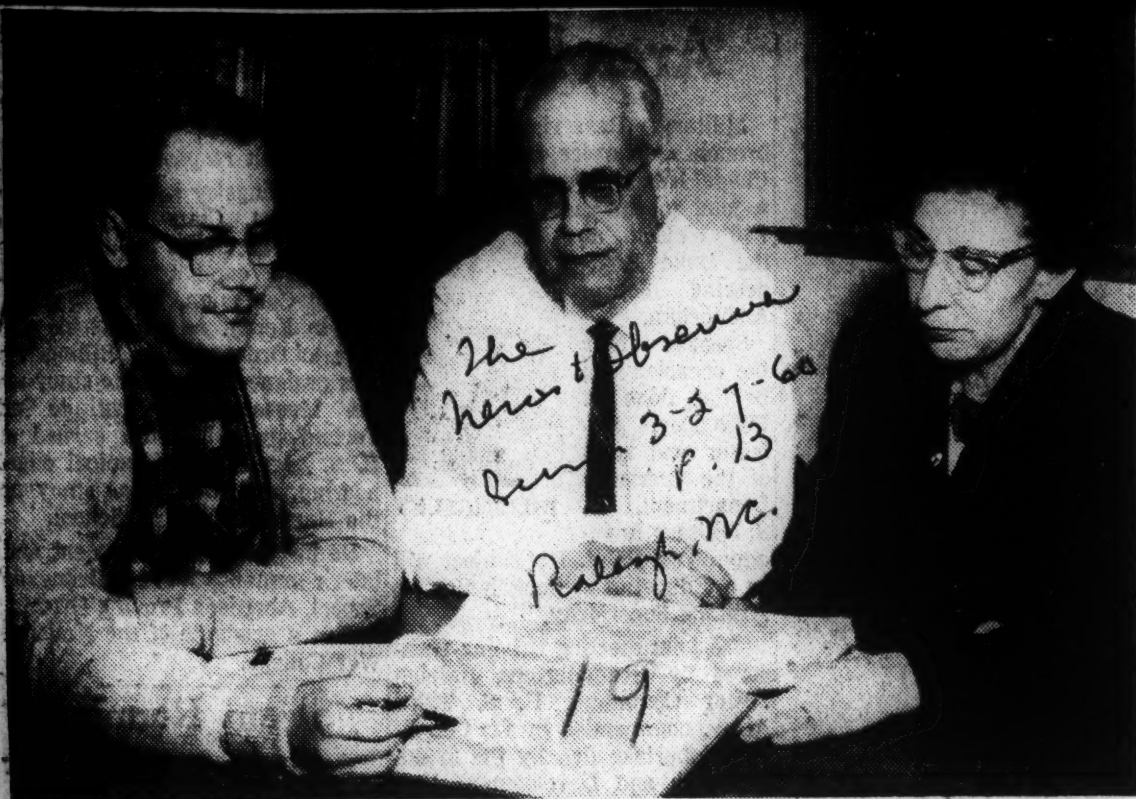
The favorable longevity reflects the marked rise in living standards and the extraordinary advances in medical science and public health administration, the statisticians point out. Not many generations ago, infectious diseases took a heavy toll of life, particularly among young children.

For example, in 1850 about one-fourth of the newborn died before reaching their fifth birthday.

Under current conditions half of the newborn can expect to live almost 74 years and one-quarter of 1959's babies can expect to live 83 years.

"It is doubtful whether the record of gain in life conservation during the past century can ever again be paralleled," the Metropolitan's statisticians concluded. "It should be noted that there has been virtually no improvement in longevity since 1954." Though some gains may be expected from continued declines in the death rates from infectious diseases and accidents, they say, "the greatest margin for improvement lies in the development of new methods of treating the degenerative conditions, which now predominate at the middle and older ages."





**STUDENTS FROM ALASKA** — At the UNC School of Public Health for a year's study are Dr. Burns Jones, left, and Mrs. Birdie Belle Martin. The two students from Alaska are shown with Dr. John J. Wright, professor of public health education at UNC.

## Crowded Living Said Cause Of Alaska Health Problems

CHAPEL HILL, N.C. — Alaska, the state with the largest land area and the smallest population, finds that crowded living conditions are a main cause for health problems, particularly respiratory ailments. Two recent Alaska residents now studying public health at the University of North Carolina report this ironic situation of "crowding" existing in the state, which boasts only 161,000 persons residing in its total 586,000 square miles.

Alaska thus claims the lowest population density of any state at about .27 persons per square mile. But the rugged nature of the state confines the citizens to dense areas of settlement.

**Leading Health Problem.** Tuberculosis is one of the leading health problems, according to the former Alaskan health specialists, Dr. Burns Jones and Mrs. Birdie Belle Martin. Both are working this year for public health administration degrees in the University of North Carolina School of Public Health.

In these communities, Dr. Jones is a native of Beaufort, S. C., was educated at Citadel and the Medical College

of South Carolina, and went to Alaska in 1956 as a medical missionary. This work was carried on at the village schools, which were log cabins with sod roofs.

Dr. Jones met his wife while stationed in Alaska. She is the former Miss Marcia Bell of Pittsburgh. As a student at Mount Holyoke College, Mrs. Jones went to Alaska in 1958 as a member of a team of students doing religious work. They were married on Dr. Jones' return from Alaska last year.

Mrs. Martin went to Alaska with her husband, an electrical engineer, who holds a government position. They have made their home in Anchorage.

She joined the health department in Anchorage in a secretarial position, went into administrative work and for the past two years has been administrative assistant of the Anchorage office. Anchorage is a city of some 60,000 population, including the military personnel stationed there.

Health problems encountered in the Anchorage area, especially among the Indians and Eskimos, are a high infant mortality rate and infections of eye, ear and nose. Crowded housing conditions are mainly responsible for these

health problems.

On completion of her work here in the Spring, Mrs. Martin will go to Oregon, where her 15-year-old daughter is enrolled in school, and the two will return to Anchorage to join Mr. Martin.

## WF College to Host Forensic Tourney

WINSTON-SALEM—More than 700 persons from 12 states will be in Winston-Salem next week for the 30th annual convention of the Southern Speech Association and its forensic tournament.

Wake Forest College is host school for the six-day meeting which begins Sunday. Headquarters for the convention will be the Robert E. Lee Hotel. Students and teachers from more than 50 high schools and 45 colleges and universities are expected to participate in the tournament. The convention will attract delegates from a larger number of institutions.

The following states will be represented: North and South Carolina, Texas, Louisiana, Kentucky, Tennessee, Alabama, Mississippi, Florida, Georgia, Virginia and Arkansas.

The convention proper does not begin until Sunday, April 3, to register for the association's tournament which runs Monday through Wednesday.

## BLOOD PRESSURES OF NEGRO STUDIED

Scientists Here Seek Cause of Increase After Move to Cities From Country

**By ROBERT K. PLUMB**  
Medical records from around the world were studied here yesterday afternoon in an effort to find whether stresses imposed on Negroes who move into urban communities were responsible for their higher blood pressure.

It has long been known that Negroes in the United States have higher blood pressure than do comparable white populations. Also, Negroes here die from three to nine times as often—at different rates in different states—than do comparable whites from the effects of high blood pressure.

Scientists at a conference sponsored by the New York

Academy of Sciences disagreed on whether American Negroes had higher blood pressure because of the stresses involved in moving from primitive to urban communities. Perhaps some factor not now recognized may be the cause of the disease, it was suggested.

The discussion drew prepared papers and comments from many medical and social scientists interested in working together to find the effects of culture and society on health of an individual. At the heart of the discussion is the belief that, if the cause of higher blood pressure in Negroes compared with whites, can be found, a major step will have been taken in the conquest of this disease among all people.

### Zulu Studies Cited

Dr. Norman Scotch, a sociologist now at the Washington State University in Pullman, reported that 50% Zulu tribesmen in the Union of South Africa who had moved into cities had "significantly higher" blood pressure than did 548 comparable tribesmen who had remained in rural areas. This observation he attributed to stresses of city life on the Zulus.

The 1,053 Zulus studied by medical and psychological teams recognized, he said, the strains of city life, but they were forced to leave their villages to support their families. In studying Zulus in the city, the group found that "not only was there poverty, but degradation and humiliation in the treatment of Africans by Europeans, frequent arrests, high rates of illegitimacy, divorce and separation, alcoholism and open competition for the few jobs."

"You can't prove it," Dr. Scotch commented later, "but stress in these Negro lives must be taken into account in relation to their higher blood pressures."

A different view was taken by Dr. Marvin Moser, a cardiologist of Montefiore Hospital in New York City, in discussing studies of Negro populations in Liberia and in the West Indies. Dr. Moser said that the ancestors of American Negroes came from West Africa and hence could not be compared with South African Negro populations reported on by Dr. Scotch.

### Genetic Possibility Noted

Dr. Moser argued that many Negroes in Liberia and in the West Indies had high blood pressure without urbanization and that these populations were more comparable to contemporary American Negro populations than are South Africans. He reported on four-year studies of 2,350 Negroes in Liberia

and the West Indies.

Perhaps West African Negroes have a genetic susceptibility to high blood pressure, he suggested. In any case, Dr. Moser declared, the explanation that "stress" causes high blood pressure in both American Negroes and whites is "too easy."

Dr. John Cassel, a South African physician now at the University of North Carolina School of Public Health in Chapel Hill, cited studies by others showing that top executives were particularly not prone to high blood pressure as had been held. Perhaps top executives come from high-status families, he suggested, and this "immunizes" them against the "potentially deleterious effects of clawing their way up the hierarchy of an industrial organization."

Dr. Cassel said he believed that stress and tension among Negroes in American cities probably contributes to their observed higher blood pressure.

About 200 researchers in the social sciences and in medicine are attending the conference at the Barbizon-Plaza Hotel here.



# Candidates Back Rival Aged Health-Aid Bills

By Richard L. Lyons  
Staff Reporter

All announced presidential candidates got into the medical aid for the aged act yesterday as controversy mounted over how best to provide such aid.

Vice President Richard M. Nixon threw his "enthusiastic" support behind the Administration's plan for state medical insurance financed by Federal-state individual payments.

The Democratic hopefuls — Sens. John F. Kennedy (Mass.), Hubert H. Humphrey (Minn.), Stuart Symington (Mo.) and Wayne Morse (Ore.) — all turned up as co-sponsors of a new aid bill introduced by Sen. Pat McNamara (D-Mich.), chairman of the Senate subcommittee on problems of the aging. It would operate through the Social Security program like the Forand bill in the House, but would expand benefits and meet one Administration objection by providing separate grants to help low income old people not under Social Security.

Nixon jumped actively to the Administration's defense as its plan, which he helped shape, came under a cross fire of attack—from the AFL-CIO, American Medical Association and New York's Gov. Nelson Rockefeller, among others.

The Vice President had let it be known Thursday that he supported the Administration side plan. Yesterday he made it clearer by telephoning Secretary of Health, Education and Welfare Arthur S. Flemming, who relayed his views to reporters.

Flemming said Nixon had called him "to make it perfectly clear that he is enthusiastically for our plan and will support it as vigorously as he can." He quoted the Vice President as endorsing the



The Washington Post

ARTHUR S. FLEMMING

... cites needs of aged

plan because it would help all aged persons with low income meet costs of expensive, long-term illness, because it provided a broad 10-point benefit program, including home care, which would ease the burden on hospitals, and because it was voluntary.

The Forand Bill, which has set the basic pattern for all Democratic bills, would be financed by increasing the Social Security tax and thus is compulsory. It would not help

four million aged persons out of Social Security. It would provide benefits, surgery, hospital or nursing home care.

Both sides agree there is a need which must be met, and the extent of benefits could probably be compromised. But

the controversy over whether it should be operated as part of the Democratic-conceived Social Security program or as a state plan with Federal aid is a basic difference in philosophy of government which

will be hard to compromise.

Democratic leaders in both houses are committed to the Social Security formula. Some bill following that approach is considered likely to pass, though in view of President Eisenhower's statements on the issue it might be vetoed.

Fifteen Senate Democrats joined McNamara yesterday in sponsoring a bill which would add some of the Administration's coverage and benefits to the Social Security financing machinery of the Forand bill.

McNamara estimated it would cost \$1,578,000,000 a year (under present population and cost figures), most of which would be raised by increasing the Social Security tax ¼ of one per cent on both workers and employers.

The bill would cover an estimated 14.8 million of the Nation's 16 million aged persons. It would cover 11.3 million eligible for Social Security because of age. It would add 3.5 million others now receiving some form of public assistance.

Cost of helping welfare recipients would be an estimated \$370 million a year, but since the Federal Government is now spending \$238 million on a modified welfare medical program only \$132 million a year in new Federal funds from general revenue would be needed, McNamara said.

McNamara's bill would provide 90 days hospital care, or 180 days in a nursing home or 240 days home care each year. This is more than the Forand bill. McNamara's bill would not pay for surgery,

but it would cover cost of prescribed drugs, diagnostic services such as X-rays and laboratory tests which the Forand bill omitted.

McNamara's benefit package is not so extensive as the

Administration's, but the emphasis is in a different place.

The Administration aimed at helping with the long-term illness. Under it the individual would pay the first \$250 of his annual medical bill and the plan would pay 80 per cent of the rest. McNamara's program would pay full costs from the start, but for not so long.

An aged person who spent 20 days in a hospital or six months in a nursing home would be better off under McNamara's bill. If he had to spend five or six months in a hospital or receive year-round care at a nursing home or at home he would fare better under the Administration bill.

The American Medical Association opposed the Administration plan with a statement discounting the need and saying what need there was should be met by what

it would amount to expanded public assistance.

Flemming answered by saying he didn't think that approach would be acceptable to the public. He said the AMA underestimated the need and by its "constant opposition" would play into the hands of those favoring the Social Security approach.



# Girl Gets More Surgery; Sight Chances Now 50-50

By GEORGE M. COLEMAN

By now, if all went as planned, plucky little Adrain Elaine Scott has undergone a second eye operation in Boston's Eye and Ear Infirmary where doctors now give her a 50-50 chance of regaining sight in at least one of her damaged eyes.

The little 11-year old girl, who underwent surgery on May 11, and was given only a slim chance of seeing again, may have to undergo still a third operation, it has been reported.

This writer was informed by the girl's mother, Mrs. Mabel Scott, of Perry Homes, of plans to operate a second time Friday. No word has been received as to whether surgery was performed as scheduled.

Adrain and her mother left Atlanta for Boston on May 3 after receiving help from the state's department of crippled children, Elks, and generous Atlantans. Surgical expenses are being borne by the state. The Elks underwrote travel expenses, and Atlantans contributed toward residential provisions for the mother of six children who will have to remain in a strange city for approximately two months while Adrain is interned.

The first operation has apparently helped the little girl to some extent. Although Mrs. Scott failed to explain in detail, the message she wrote for publication to her friends in Atlanta said at one point, "I am so happy she was able to see me yesterday, not clearly, but just a shadow."

Relating the possibility of a third operation, Mrs. Scott said this was the main reason she was unable to determine when they would be able to return to Atlanta.

"Of course Adrain doesn't want another one," Mrs. Scott said, "but I am talking very hard, trying to get her to see just how important it is to go through another one. I can understand her dreading it because she was very sick for awhile."

Elaine, suffering from a Retina Detachment in both eyes, has suffered for a long time her mother

In addition to the operations and their problems, the short hurried letters from Mrs. Scott give a splendid picture of poverty standing up to a gigantic task without crying. The mother of six children left her family in the care of a grandmother during her stay in Boston.

Mr. Scott works in a brick yard and his salary is needed to care for those in Atlanta, with only what can be spared to go to the two in

Boston.

Remaining there until her daughter is better takes detailed care of figuring on even the cost of care to and from the hospital. Help comes at intervals, it seems, however. She mentioned a large money order from the employees at Lockheed Aircraft Corp., and how it helped her carry on with her burden.

Right now she is busy working toward making Adrain happy on her birthday, May 28, with the hope she'll be able to see when she becomes 12 years old this month.

## Health Group Returns Dogs To Teacher

FAIR LAWN, N. J. (AP)—Dog-

lover Frank Brewer, who faces a 10-day jail sentence for keeping 34 Scotch terriers in his house, has 3 of his pets back.

"I don't know why the authorities gave them back to me," the 60-year-old bachelor teacher said. "The dogs sure are overjoyed to be home, though."

Brewer's Scotties were rounded up last week after health officials claimed the dogs had bitten some of the children Brewer tutors in his 14-room house.

He was fined \$200 and sentenced to 10 days in jail for violating three borough ordinances on dogs. The sentence is under appeal.

Friday as Brewer was sitting alone in his home, a truck from the Fair Lawn pound came up and delivered his pets.

"They told me one of my dogs was stolen from the pound," Brewer said. "I'll sue them if my lawyer lets me."

"None of my neighbors ever complained," said Brewer. "Why should the authorities care how many dogs I have?"

## Problems And Tensions

# One In Five Felt Close To Nervous "Breakdown"

ANN ARBOR — One out of every five adults has felt close to a "nervous breakdown" at some time during his life, a nation-wide study by the University of Michigan shows.

Quite often, a "breakdown" was seen as an individual collapse in the face of great external stress.

THE FIVE principal reasons for feeling close to a nervous breakdown were: death or illness of a loved one; work-related tension; personal physical illness or disability; personality problems or general tension; and interpersonal difficulties.

Each was mentioned by about one person out of every six who felt close to a "breakdown." Financial reasons were cited by another one in 10.

These findings are reported by Gerald Gurin, Joseph Veroff and Sheila Feld of the U-M Survey Research Center in "Americans View Their Health," which will be published June 9 by Basic Books as a monograph for the Joint Commission on Mental Illness and Health.

NEARLY HALF those who felt close to a nervous breakdown indicated that at some time in their life they had a personal problem for which professional help might have been useful—about twice the national average.

Overall, the U-M survey

showed, 14 per cent of the adult population has actually used professional help in trying to solve their personal problems, while an additional nine per cent thought they would have benefitted from this aid some time in the past.

WHERE UNHAPPINESS, worries, and nervous breakdowns are commonly viewed as a response to some external stress, seeking professional help is much more likely to stem from concern over personal or interpersonal problems.

Women, younger persons, and the more educated most frequently reported having thought of professional help as relevant to their mental problems.

Among those who attended college, for example, twice as many said they had personal problems which might benefit from professional help than was the case for those whose education ended in grade school.

THIS WAS TRUE despite the fact that college educated persons generally score much higher in evaluating their overall happiness. "It is not the feelings of distress alone that are important in seeking professional help, but the ways in which this distress is defined," the U-M researchers note.

"The, highly educated are

more introspective, express greater concern over personal and interpersonal aspects of their lives, and display more psychological rather than physical symptoms." All of these are characteristic of those who are willing to seek professional help.

TWO-THIRDS OF the college educated who defined a personal problem in mental health terms actually got professional help, compared to less than half the grade school group.

Only among farm families did a sizeable majority of those who felt they had mental health problems, not seek professional aid.

Among men and women who recognized they had mental health problems, there was no difference in the proportion seeking professional help.

EXCEPT WHEN the very poor and the very wealthy contrasted there was no relationship between income and actually obtaining outside help. But income was clearly related to the type of professional help obtained. Persons with higher incomes are more likely to get psychiatric care, where those with lower income depend more on the clergy, and social agencies.

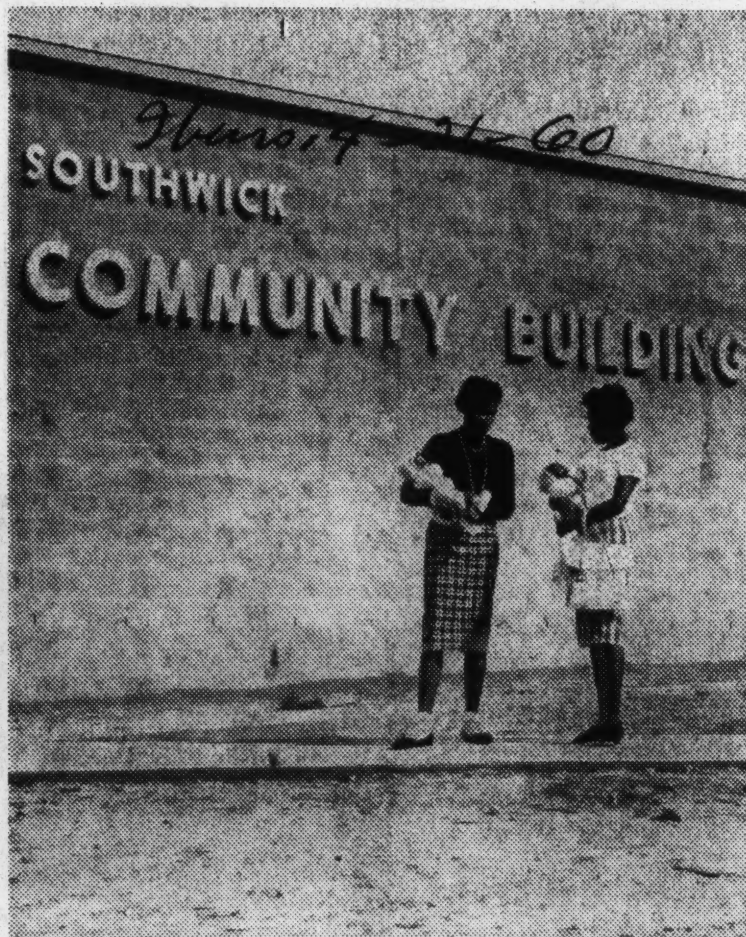


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# Southwick Health Center Provides Varied Services



**PRIOR PLANNING . . .** Advice and checkups for expectant mothers such as Mrs. Helen Bond, 4218 Winnrose Way, are provided at the Southwick Health Center which opened this week. Physician at the clinic from 9 to 11 a.m. each Thursday is Dr. Albert B. Harris.



**PLACE TO GO . . .** Mrs. Geraldine Covington, left, and Mrs. Dorothy Bannerson took their 2½-month-old boys to the center at 1707 S. 38th. Facility is three times as large as former center in Cotter Homes project. An immunization clinic is held at the center each Tuesday from 9 to 11 a.m.



Staff Photos

**HEALTHY BABIES . . .** Another center feature is a child-health clinic from 12:30 to 2 p.m. each Wednesday. Mrs. Cornelia Williams, 3831 Stratton, learned that her son Ronald, 5½ months, is doing nicely after a checkup by Dr. Ronald C. Almgren, pediatric resident at St. Joseph Infirmary.

## Students Bar Pre-Marital Sex, Vote to Keep 'Free-Love' Prof

CHAMPAIGN, Ill., April 23. —A poll of University of Illinois students indicated today that most disagree with Leo F. Koch's ideas on pre-marital sex relations. But by a majority of nearly 3 to 1 the same students said Mr. Koch shouldn't be fired for expressing his ideas. The poll was conducted by United Press International on the campus of the university. Postal cards were used. They

were filled out by 306 students —149 males and 157 females. Mr. Koch, 44, was fired as assistant professor of biology after publication of a letter he sent to the student newspaper in which he condoned pre-marital sex relations among "mature" persons. Mr. Koch has appealed his case to the university's board of trustees. **Two Questions.** The postal cards asked two questions: "Do you agree with

Koch's views?" and "If not, do you think he should have been dismissed for voicing such opinions?" Thirty-seven male students and 23 co-eds checked "yes" to the first question. A total of 246—112 males and 134 co-eds—checked "no," that they didn't agree with Mr. Koch's views. Thirty-eight males and 43 females indicated they agreed Mr. Koch should have been dismissed and 105 females and

93 males said he shouldn't have been dismissed for expressing his views. The responses showed four men agreed with Mr. Koch but thought he should have been dismissed. Seventy-two males and 84 females voted "no" on both questions, indicating they didn't agree with him but that he should not be fired. The postal cards did not ask for expression of student opinion but some scribbled in their views anyhow. One co-ed gave qualified "yes" as to whether she agreed with Mr. Koch, appending "... provided the participants in the relationship are mature and sensible."

**Foreign View.** Another co-ed said "Yes," but added, "I don't believe in sexual experience before marriage." She said that what Mr. Koch really meant was that "one must follow his own ideals and societies (sic) code." A third co-ed penciled in after "Yes," this comment: "There should be some restrictions for children's sake, etc." Another answered "No," and added, "a line must be drawn somewhere." A male student said he agreed with Mr. Koch, but "society . . . just isn't ready to accept such viewpoints." A male wrote "foreign student" on the card, did not answer the first question, said

Mr. Koch shouldn't be fired but added, "It wouldn't happen in Oxford or Cambridge!" A female wrote "I believe in free love and free speech," and two students penciled in opinions about a university bond issue being involved in the firing. Two votes came in on one card. A married couple said Mr. Koch's views were wrong but the card showed they had first voted agreement with him then changed their minds.



# Ike Submits His Plan for Health Aid

*The Washington Post*  
**Voluntary Program  
Based on Federal,  
State Cooperation**

By Richard L. Lyons  
Staff Reporter

The Administration sent Congress a medical aid for the aged program yesterday with benefits far beyond anything Democrats have proposed and with machinery they oppose.

It would set up a voluntary Federal-State insurance program that would pay most of the cost of long-term illness for most persons above the age of 65.

The individual would pay \$24 a year to join and would pay the first \$250 of his medical bills each year (\$400 for a couple). The program would pay 80 per cent of virtually everything beyond that—from six months' hospitalization each year or year-round nursing home or home care down to drugs, doctors' visits and dental bills.

## Would Be Run by States

It would be financed mainly by Federal grants estimated at \$600 million a year and matching grants by states totaling the same but assessed on a sliding scale according to their wealth. The states would run the program and its success would depend on their ability or willingness to take part. This is the principal objection of Democrats. They say the poorest states can't do it. They want to finance it with social security funds.

It would be open to all persons over 65 who pay no income tax, or to individuals with gross annual income (after deductions but including social security, veterans and railroad retirement payments) of not more than \$2400 a year and couples with not

more than \$3800. This would cover about 12 million of the 16 million persons over 65. For persons on public assistance, the program would pay all costs. Once a person joined the program he could stay in even though his income went above the ceiling by paying a higher annual fee.

The benefit formula with its deductible feature means this: If a person had medical costs of \$1250 in a year, he would pay the first \$250. Of the remaining \$1000, he would pay 20 per cent and thus receive \$800 from the program.

**Option Provided**  
The program would give the individual the option of buying a private insurance policy, toward which the program would pay 50 per cent but not more than \$60 a year. This would probably not have many takers. No private insurance costing \$120 a year provides such benefits, Federal health officials said.

Secretary of Health, Education and Welfare Arthur S. Fleming unveiled the long-awaited Administration program at a closed meeting of the House Ways and Means Committee yesterday. He called it a "very attractive package."

## Answer to Democrats

This was the Administration's answer to the Democrats Forand Bill to help the aged by raising Federal social security tax ¼ per cent on both employer and employee. The Forand bill would pay costs of surgery and a combination of 120 days in a hospital or nursing home, with 60-day limit on hospitalization.

Liberal Democrats admired the benefits in the Administration plan. One said it made Forand "look like a piker." But they insisted that any program should be financed through the social security program — on

grounds that the states can't or won't do it. The Administration opposes the Democratic approach not only because it is "compulsory" but also because it would not help 4,000,000 persons not covered by Social Security.

Ways and Means Chairman Wilbur D. Mills (D-Ark.) had said he wanted to dispose of the issue this week. But he gave up on that yesterday because of business on the House floor and asked Flemming to come back today for more questioning.

Reaction of Rep. Burr P. Harrison (D-Va.), conservative member of Ways and Means, was that Flemming's bill was a "Townsend Plan-Rube Goldberg scheme . . . more socialistic, more unsound and ultimately more expensive than the Forand bill."

Harrison noted that the Forand bill would at least be financed by the special social security tax, while the Administration plan would draw on general revenues like other "budget busting" programs the Administration has denounced.

Asked at a press conference after the hearing how the Administration could endorse a 600-million-dollar-a-year program while opposing others costing less, Flemming said simply that he had not opposed price tags on previous proposals.

On whether the states would pick up the program and run it, Flemming said this was the way other Federal aid programs work. Experience has shown that when the Federal Government "offers an attractive plan to deal with the real need," the states take part, he said.

Flemming told the Committee the Administration "fully recognizes and accepts the fact that the Federal Government should act in this field." Private insurance, while growing, cannot now provide coverage aged people need at prices they can pay, he said. Congress is coming around to that view, too. Action this session is considered likely.



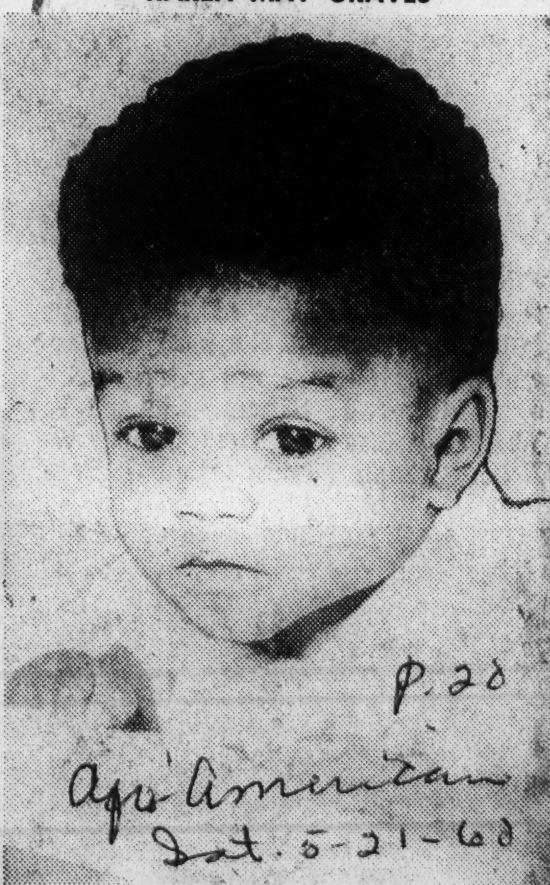
KATHERINE MARY GRAVES



KAREN MAY GRAVES



KIM MARIE GRAVES



KEVIN MARK GRAVES

**QUADS AND HATS** — The magic and charm of a spring or summer bonnet for milady is demonstrated by the Graves quadruplets of Annapolis, Md., while the lone male member of the foursome, typical of his

sex, merely admires the lace and fluffiness, silently and hatless. All set with California originals, organ-dy frocks embroidered in rosebuds and the matching bonnets, Kathy, Karen and Kim patiently posed for the AFRO photographer at their home.

The quads, born last Oct. 10 at Johns Hopkins Hospital, are reported in excellent health by their mother, Mrs. Lorraine Graves. Kim, the oldest, now weighs 14 pounds; Kathy, 10;



## PRESIDENT CHIDED ON BIRTH CONTROL

*The New York Times*  
Unitarian Group Dismayed

by His Stand—Congress  
Called Lax on Rights

*New York*

WASHINGTON, Jan. 2 (UPI)—The Unitarian Fellowship for Social Justice criticized President Eisenhower today for denying Government birth control information to densely populated India. 1-3-60

The fellowship said it was a national organization of church and lay leaders interested in current problems.

It also accused Congress of failure to enact a strong civil rights bill and provide Federal aid to public schools.

Mrs. A. Powell Davies, organization president, in a statement issued through her executive committee, said the fellowship "advocates birth control help for those nations requesting it."

"The social and moral pronouncements of sectarian groups," she added, "should not be the criterion for Presidential opinions or Congressional legislation on this subject."

"The fellowship was shocked to have the President renounce Government aid to India's program of birth control. He cannot privately support the population-control recommendations of the Draper report and publicly renounce them."

### Cites Private Aid

President Eisenhower told a recent press conference that birth control was not the Government's business and that so long as he sat in the White House no country with overpopulation problems would get such advice. He said such information was available through professional groups to all nations desiring it.

The President spoke out during a controversy over whether United States foreign aid funds should be used to promote birth control in countries with population pressures. The Roman Catholic Bishops of the United States had contended that a move was afoot to use the funds for such purposes.

The Draper report referred to

by Mrs. Davies suggested that the United States should, upon request, supply birth control data to nations requesting them. President Eisenhower did not endorse this.

On civil rights, Mrs. Davies said the No. 1 priority of Congress this year should be enactment of "a meaningful law that grants whole citizenship rights to every citizen, regardless of race, creed, color or national origin."



### First Swallow—

*The Pittsburgh Courier*  
Mrs. Virginia Dixon of New York City, discharged from Montefiore Hospital, is shown taking her first swallow in 29 years—thanks to a new type operation which replaced her obstructed esophagus with a portion of her stomach. The obstruction was caused by

scarring after she accidentally swallowed lye when she was 21 years old. The three pictures show her doubtfully putting a spoonful of raspberry jello in her mouth, hesitating before the gulp and, finally, downing her first solid food in three decades.

### Operation Corrects Injury Due to Lye

*The Pittsburgh Courier*

## Eats Okay... After 29 Years!

*Pittsburgh*  
NEW YORK—A 50-year-old woman, who had been unable to swallow any food or liquid for 29 years, left Montefiore Hospital able to eat and drink normally as a result of unique surgery

performed by Montefiore surgeons.

The woman, Mrs. Virginia Dixon of 65 West 136th St., New York City, was admitted to the hospital about three months ago.

For 29 years she had maintain-

ed her nutrition by chewing food and spitting it into a funnel connected to a rubber tube which had been inserted into her stomach.

ALTHOUGH THE patient was

well nourished by this means, she was most unhappy at the fact that she was never able to sit down and eat with her family.

Her condition resulted from an accident when she was 21 in which she accidentally swallowed lye and caused a complete obstruction of her esophagus very high in her neck just below the pharynx.

She had been told by many doctors over the years that no operation could be performed which would enable her to swallow owing to the fact that the obstruction was too high in the esophagus.

She came to Montefiore as a result of reading a newspaper account about a patient who had had a "reversed gastric tube" operation.

A MONTEFIORE surgeon (Dr. Henry Heimlich) operated on her about six weeks ago.

He constructed a reversed gastric tube, bringing the open end of the tube out in the neck beneath the angle of the jaw (mandible). The day after Thanksgiving, Nov. 27, he joined the open end of the gastric tube to the esophagus at the point where the esophagus originates from the pharynx.

This site was immediately above the level of the complete obstruction of the esophagus.

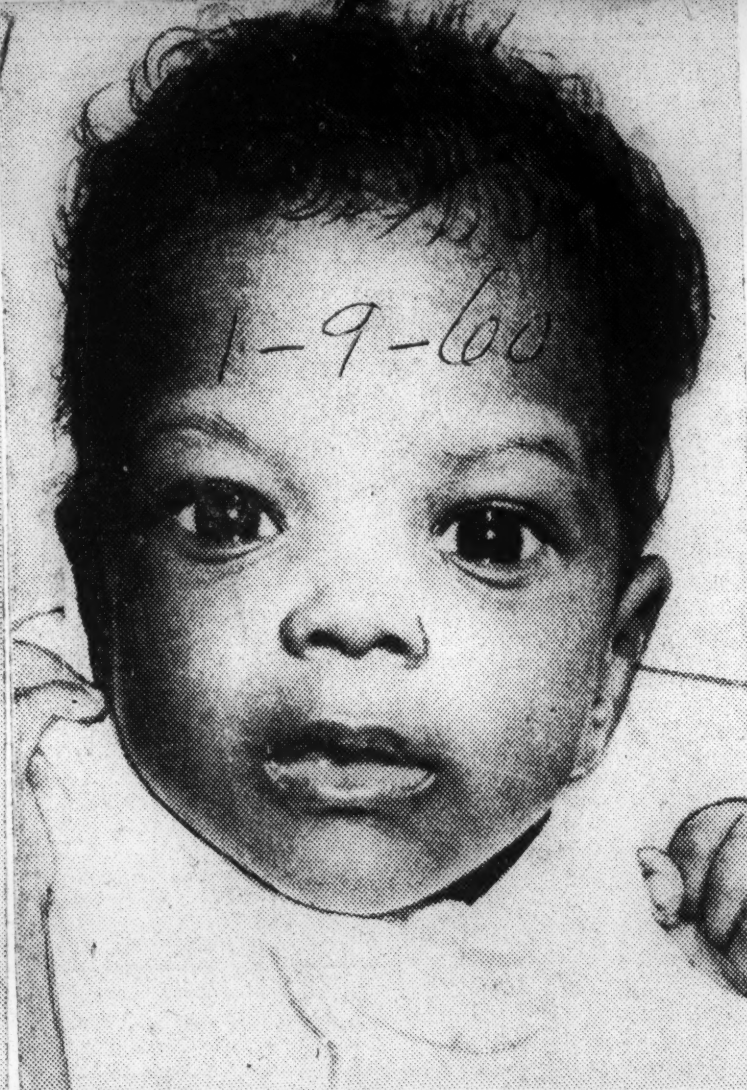
A TUBE approximately one inch in diameter and long enough to reach from the stomach to the throat was made from the greater curvature of the stomach. This tube is made by cutting into the anterior and posterior walls of the stomach starting at its distal end and extending the incision upward parallel to the greater curvature of the stomach.

The cut edge of the anterior stomach wall is sutured to the cut edge of the posterior stomach wall thereby forming the tube which remains attached to the stomach at the upper end. This attachment at the upper end of the stomach serves as a hinge on which the tube swings upward to the neck.

THE PART of the tube originally made from the lower end of the stomach (the antrum) thereby becomes the upper end of the

new esophagus. The tube is then joined to the esophagus in the neck, or to the throat (pharynx) above the level of the obstruction. If the obstruction is due to benign scarring, the obstructed esophagus is not removed. If the obstruction is cancerous, it is resected. An important part of the operation is the fact that the blood vessels that supply the greater curvature of the stomach (the left gastroepiploic vessels) accompany the tube in its path to the neck and serve to nourish the tube. The upper end of the tube





**MOST FAMOUS QUARTET TO SOUND OFF** a harmonious and happy New Year for AFRO readers is composed of the Graves quadruplets who reached the age of two months and 20 days on Wednesday, two days before 1960. The

**KEVIN MARK**

*"I may cut loose from the girls in 1960."*

foursome made their debut at Johns Hopkins Hospital on Oct. 10 to become the first quads born in the hospital's 80-year history. As far as we know, they are the world's youngest quadruplets. In ex-

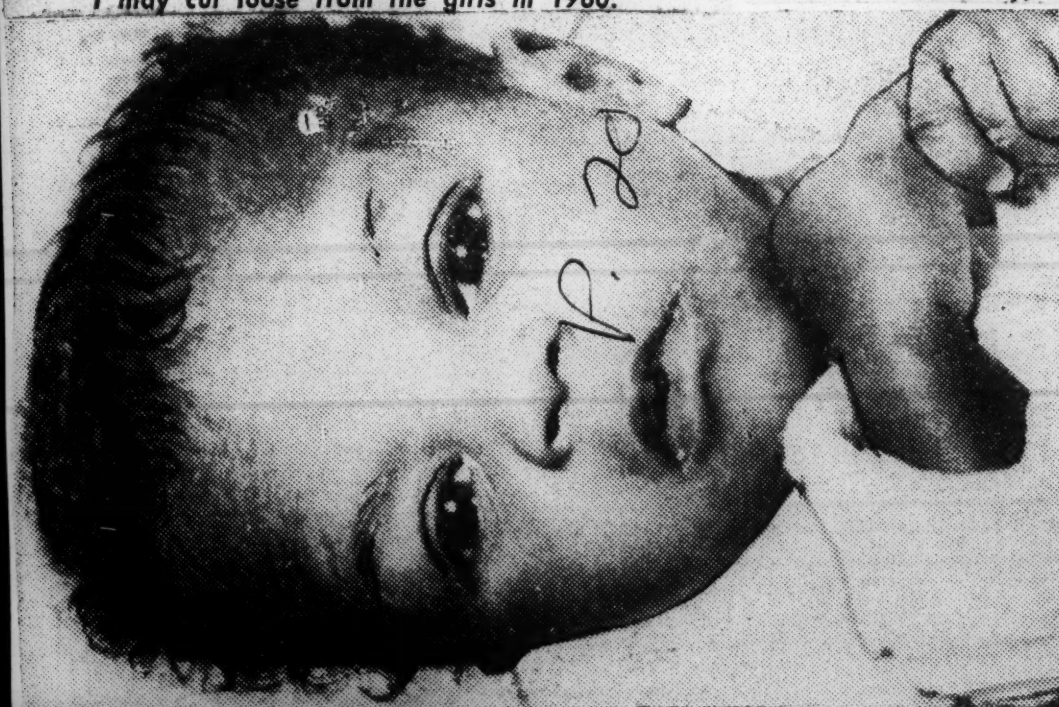
**KATHERINE MARY**

*"Seriously, isn't four a crowd?"*

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**KAREN MAY**

*"Sure, but this is the year of togetherness."*

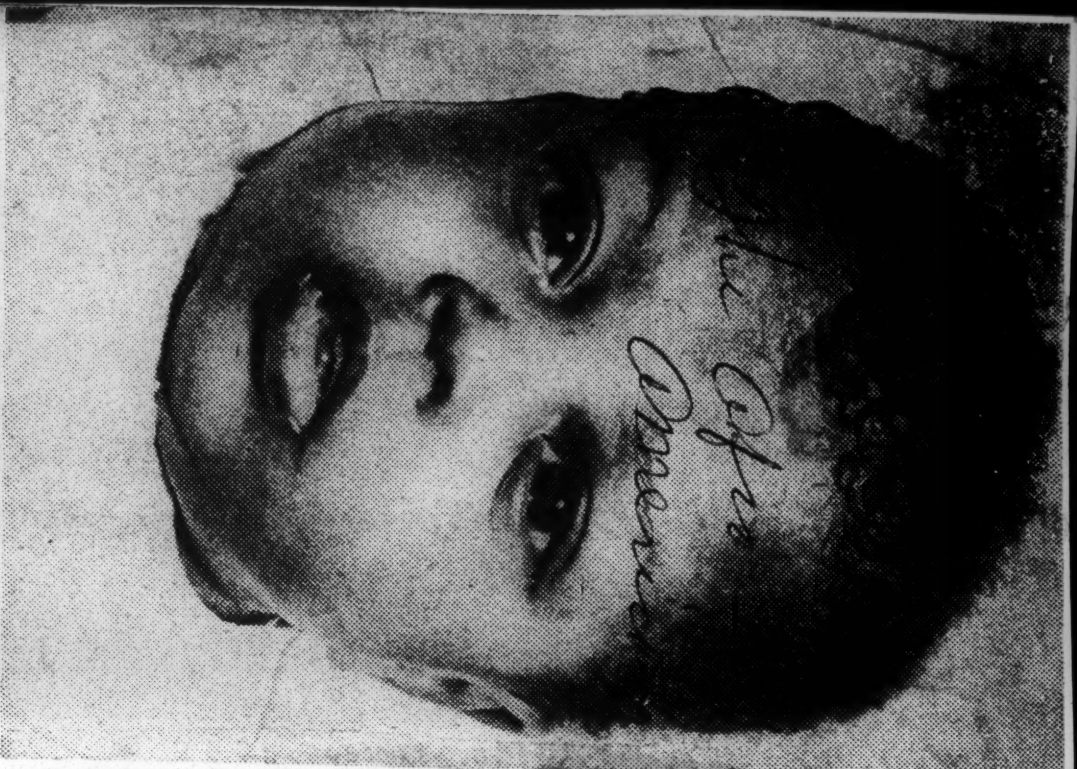


left to right, Kevin Mark (boy), third oldest, 7 pounds; Katherine Mary, youngest, 6 pounds, 15 ounces; Karen May, second oldest, 5 pounds, 6 ounces and Kim Marie, oldest, 8 pounds.

**KIM MARIE**

*"What this quartet needs is more harmony."*





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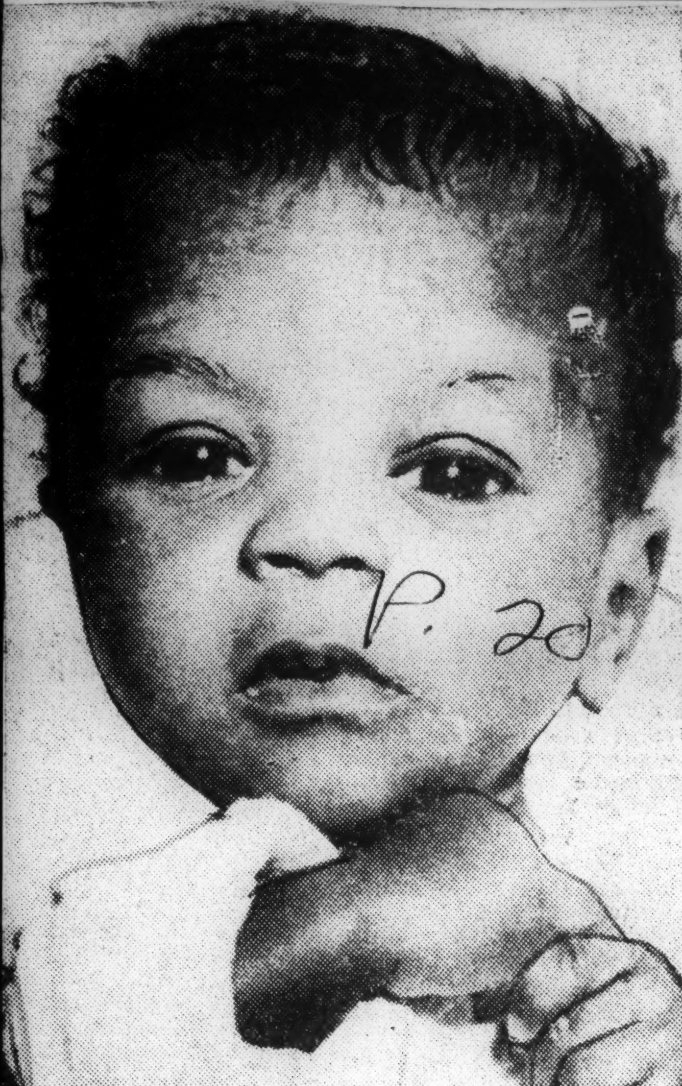
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*"What this quartet needs is more harmony."*



19a 1960

# Stomach Cancer Drops, Lung Cases Rise in U.S.

By the Associated Press  
Washington, D.C. (AP) — A sharp and unexplained drop in stomach cancer in the United States in recent years was reported today by the head of the Government's National Cancer Institute. However, he said lung cancer has shown an offsetting increase.

Dr. John R. Heller said stomach cancer is rapidly decreasing both in number of cases and deaths for both men and women. He added:

"It (the drop) is more spectacular in men because it was the greatest killer in men so far as cancer is concerned.

"It has diminished in some areas to the point that it has been difficult for surgeons in some of our studies to find enough stomach cancer cases to run a complete series."

Dr. Heller's testimony was given recently to a House Appropriations subcommittee and released today.

"Offsetting this decrease in stomach cancer, and parenthetically we do not know why this decrease has occurred, has been an increase in lung cancer—a disease which has been increasing about as fast as stomach cancer has been decreasing," he said.

"While over-all our cancer rate is slightly increasing, the mortality rate is slightly decreasing," Dr. Heller said. "It means that our survival rate—we speak of survival rate rather than cures—is modest increasing."

Research activities of his institute, Dr. Heller said, "have brought us substantially closer to the goal of full and effective control over this awesome threat to the health and welfare of people everywhere."

He presented to the committee a statement prepared by officials of the national cancer chemotherapy program, which declared:

"Within the past decade, the idea that cancer might one day be cured by drugs has changed from what might be called scientific pipedream to a targeted objective of medical research."

"Leaders in cancer research throughout the world are no longer agreed that the medical profession ultimately will be armed with a variety of drugs with which to cure cancer. As in any scientific question, the basic need is knowledge. As this (cancer chemotherapy) program generates more knowledge of the effects of drugs in experimental animals and in man, and as these findings are used as the basis for development of still more effective agents, complete control of cancer by drugs will gradually become possible."

## CANCER UNIT HERE MAPS VIRUS STUDY

The New York  
Sloan-Kettering Specialists  
to Focus on Theory About  
Parasite's Causative Role

## HOPEFUL OF MAJOR GAIN

Center's New Director Sees

'Exciting' Possibilities in  
Chemical Research

By ROBERT K. PLUMB

A fairly new emphasis in cancer research, based on the possibility that viruses are important in causing the disease, will be pushed by a new management team of physicians at the Memorial Sloan-Kettering Cancer Center.

Dr. John R. Heller, who went to work as president of the center at 440 East Sixty-eight Street last week, left the National Cancer Institute after twenty-nine years of government service to join Memorial. Important scientific clues to the significance of viruses in cancer have been worked out both at the institute and at Memorial.

Two top virus specialists have recently joined the Memorial staff. They are Dr. Frank L.

Horsfall Jr. and Dr. Gilbert Dalldorf.

Dr. Horsfall is director of the Sloan-Kettering Institute for Cancer Research, which is the research unit of Memorial Center.

Dr. Dalldorf is a former medical and scientific director of the National Foundation, the organization that financed development of the Salk vaccine against the virus-caused disease poliomyelitis.

### Theory Gaining Status

"Only three or four years ago, the theory that viruses might be implicated in cancer was not widely held," Dr. Heller said in an interview here last week.

"All this has changed now. We hope that with a fresh, new and vigorous approach, some major new advances will be made against cancer."

Dr. Heller described as "terribly exciting" the possibility that the important link between viruses and cancer might be found in studies of DNA. That is the chemical called deoxyribonucleic acid, which is now believed to be the physical unit that controls and directs cell reproduction and growth.

Since cancer is often regarded as uncontrolled growth, many scientists hope that precise information about the functioning of DNA can lead to new knowledge about what causes cancer and what causes it to spread unremittingly. From this knowledge could come powerful new treatments for the disease.

Dr. Heller cautioned that the possibility that viruses might be "implicated" in cancer did not mean that the disease was infectious.

Many virus diseases are known to be carried by many individuals, but they cause disease symptoms only under special circumstances, such as a low ebb in the body's natural defense mechanism.

The new studies, Dr. Heller said, will require a redefinition of "virus" and a redefinition of "infectivity," Dr. Heller said.

### Alters Cells' Chemistry

A virus is a tiny living parasite that attacks cells and alters their chemistry so that more viruses are produced. At present, it is suspected that such a mechanism might be the way in which some normal cells are changed to cancerous cells.

However, the cause of cancer remains unknown and viruses are merely one suspect in a list that includes a variety of chemical agents, radiation, and other materials.



PATRICIA BATH

# Teen-Age Savants Track New Cancer Theory

Two brilliant New York teenagers have uncovered what may be a clue to the real nature of cancer.

Their work—supported by the National Science Foundation under a program to encourage bright youngsters—was presented to the Fifth International Conference on Nutrition at the Sheraton Park today. At 17, they are probably the youngest savants to be heard at a top-flight scientific meeting in recent times.

One of the young people, Arnold Lentnek of Rockaway Long Island, was unable to attend the meeting owing to the sudden illness of his father. The other, Patricia Erna Bath of New York's Harlem, sat proudly by as her paper was read by a "junior author," Dr. Robert D. Barnard of New York's Health Department.

The paper reported on research which indicates that cancer may not really be a "runaway growth" but may actually be an indication that normal cells are slowing down.

Young Lentnek and Miss Bath approached the problem from different angles during a summer institute at Yeshiva University, a New York institution. The boy experimented with the growth-stimulating qualities of "streptomycin beer," a residue of antibiotic production. The girl applied mathematical analysis to Dr. Barnard's previously expressed theory that cancer was really a growth failure.

Now a second-semester freshman at Hunter College, Miss Bath is planning a career in medical research.



Hail Youthful Scientists

# Teen-age Girl Playing Role in Cancer Fight

*Pittsburgh Courier*  
*Pittsburgh*  
WASHINGTON A teen-age Negro girl was one of a pair of youthful scientists credited with suggesting a previously unexplored avenue in the search for new kinds of chemicals with which to attack cancer.

Patricia E. Bath and Arnold Lentnek, both 17, threw new light on the nature of cancer—and on how to better give nourishment to patients suffering from the disease.

The teen-agers, who didn't know one another at first, worked on separate research projects at Harlem Hospital during the 1959 summer science training program sponsored by Yeshiva University.

MISS BATH, who grew up in the streets of Harlem is a graduate of Charles Evans Hughes High School and is now attending Hunter College. Her father, a mechanical engineer, came to this country from the British West Indies.

The teen-agers are listed as the "senior" or principal authors of a report prepared for the Fifth International Congress on Nutrition.

Miss Bath is a chemistry major at Hunter, but also is interested in micro-biology. She won her high school's biology award and a science plaque.



## Tuskegee dentist reports—

## Negroes have less tooth decay, more gum trouble

TUSKEGEE, Ala., Sept. 8 — Negro dental patients tend to have less tooth decay but more gum disease than other racial groups in the country.

This statement by Dr. Clifton O. Dummett, chief of dental services at the Tuskegee Veterans Administration Hospital, is made in the current issue of the Journal of the American Dental Assn.

In an article entitled "Dental Health Problems of the Negro Population," Dr. Dummett also said that malocclusion, or improper alignment of teeth, is more common among Negro patients than other groups.

The biggest problem in the dental health of Negroes, he said, is availability of dentists and auxiliary dental personnel to serve them.

National statistics show a ratio of one dentist for every 1692 persons, Dr. Dummett said, however, that the country has only one Negro dentist for every 3948 Negroes.

In the South, where 75 per cent of the nation's Negro population lives, the ratio is one Negro dentist to every 13,504 Negroes, he said.

## More Gum Trouble, But Negro Tooth Decay Less

TUSKEGEE INSTITUTE, Ala. — Negroes suffer less from tooth decay, but suffer defective gums and irregularly lined teeth than do whites, according to Dr. C. O. Dummett, chief of dental services at the Veterans hospital in Tuskegee.

However, in general terms, "Dental diseases affecting the Negro are the same as those affecting other racial groups," he said Dr. Dummett, writing in the Journal of the American Dental Association.

IN HIS STUDY of "The Dental Health Problems of the Negro Population," Dr. Dummett found that there are not enough dentists to care for the dental health of the American population. But the shortage of dentists is more acute in the Negro segment of the population, particularly in the South, he added.

He recommended more dental health education directed at children as perhaps the best means of reducing the apathy of many Negroes toward dental health problems.

Dr. Dummett's study suggested the need for an increase in quantity and quality of Negro dentists, and recommended that more of them specialize in research and education.

## Mrs. Bernice D. Gilliam Heads Dental Assistants

NORMAL, Ala. — Mrs. Bernice D. Gilliam, dental hygienist with the Jefferson County Department of Health, Birmingham, was re-elected president of the Alabama Dental Assistants Society which convened at Alabama A&M College here Oct. 9-11.

Other officers elected included Mrs. Dorothy Pearson, Birmingham, vice-president; Mrs. Lucy Hopson, Selma, secretary; and Mrs. Marie Foster, Selma, treasurer.

Members were present from throughout the state. A series of table clinics were presented. They were "Proper Attire of a Dental Assistant" by Miss Mrs. Davis, Dental Assistant of Dr. R. N. Howard of Birmingham; "Procedures of Mixing of Silicate Materials" by Mrs. Dorothy Pearson, Dental Assistant for Dr. E. W. Taggart of Birmingham; "Laboratory Techniques" by Mrs. Marie Foster, Dental Assistant of Dr. Sullivan Jackson of Selma. Mrs. Bernice D. Gilliam gave a demonstration of "Strannous Fluoride Treatment."



19b 1960

## Negro Dentist Shortage Reported By VA Official

AMERICAN DENTAL ASSOCIATION

TUSKEGEE INSTITUTE, Ala. —Dental diseases affecting Negroes are essentially the same as those affecting other racial groups, it was reported Thursday in the September issue of The Journal of the American Dental Assn. 9-2-60

Dental differences which exist are those of degree rather than kind, explained Dr. Clifton O. Dummett, chief of dental service at the Veterans Administration Hospital, Tuskegee, Ala.

Writing on "Dental Health Problems of the Negro Population," Dr. Dummett declared that the Negro generally has less dental caries (decay), but more periodontal (gum) disease and malocclusion.

His findings were based on a limited number of studies that have been conducted. Dr. Dummett noted that the relative dearth of information regarding dental differences indicates an urgent need to repeat and expand basic studies.

The author, who is a 1941 graduate of Northwestern University Dental School, cited the "acute" problem facing the Negro as a result of insufficient numbers of dentists and auxiliary dental personnel.

He pointed to statistics which revealed that when the over-all ratio in the U.S. was one dentist for every 1,692 persons, the corresponding ratio for the Negro population was one dentist for every 8,948 persons.

The situation was even more acute in the South, according to Dr. Dummett. Although the area contained more than 75 per cent of the nation's Negro population, the South had the most unfavorable ratio, with 13,504 Negroes per Negro dentist.

One major block to Negroes' securing dental care is that they are unable to pay for it, according to Dr. Dummett.

But he noted that low income is not the only factor hindering receipt of dental care by Negroes. Other factors cited are ignorance and folk beliefs. Declared Dr. Dummett:

"As is the case in the white population, many Negroes have not been exposed to dental health information which would motivate them to seek the services of a dentist for other than emergency care. They would seldom, if ever, seek preventive and restorative care."

Several ways of improving dental health care among Negroes were recommended by Dr. Dummett: Every effort should be made to expand opportunities for Negroes to secure dental services; a larger number of Negro dentists should be trained, and a system of financial subsidy to dental trainees with the stipulation that some years of service be given in disadvantageous communities should be given careful study.

The author stressed dental health education as the most important means of reducing the apathy which many Negroes feel regarding dental problems. Said Dr. Dummett:

"If true appreciation of dental services is to be developed, every advantage must be taken of the opportunity to educate Negroes and to sell them on the desirability of an attractive mouth."



## Welch To Help Push Children's Dental Health Week Observance

Sidney E. Welch, Meharry-trained, Fairfield dentist, is one of the members of the Jefferson County Dental Study Club to help tell the story of the 12th annual observance of National Children's Dental Health Week (Feb. 7-13) to the people of the Birmingham area.

Dr. Welch, a member of the Holy Family Hospital staff is scheduled to speak at the Hungry Club of the 1st Street Branch YMCA 12:30 p.m. Thursday, Feb. 4. The honor-graduate of Meharry School of Dentistry is one of the hard-working members of the Jefferson County Dental Study Club of which Dr. John W. Nixon is the president.

The Children's Dental Health Week is sponsored by the JCDS. It is the fourth of a series of articles appearing in the Birmingham World on Children's Dental Health Week. The six articles are published in cooperation with the Jefferson County Dental Study Club.



**DR. SIDNEY E. WELCH**

more than a call on a friend who is surrounded by a lot of fascinating gadgets.

Dentists agree on the importance of giving primary teeth as careful treatment as permanent teeth receive. The notion that primary teeth are not important has been discredited.

Premature loss of a first tooth may result in drifting of other teeth. If a space is blocked, the permanent tooth may not have room to erupt in its proper place and the teeth will be forced out of alignment.

When certain primary teeth are lost, dentists sometimes recommend use of a space maintainer to prevent other teeth from moving into the vacant space.

If dental treatment is required on the first visit, the child will face the prospect of virtually no discomfort — thanks to the development of new techniques, as well as equipment, in the care of teeth.

The dentist then is truly the child's friend. The earlier this lesson is learned the earlier the child will comprehend the vital contribution the dentist makes for lifetime of healthy teeth. (February 6; Malocclusion.)

## Dr. W. J. Dowdell Pushing Nat'l Dental Health Week

Wed. 1-27-60

Dr. W. J. Dowdell, Bessemer dentist, is helping to spread information about 12th annual observance of National Children's Dental Health Week Feb. 7-13.

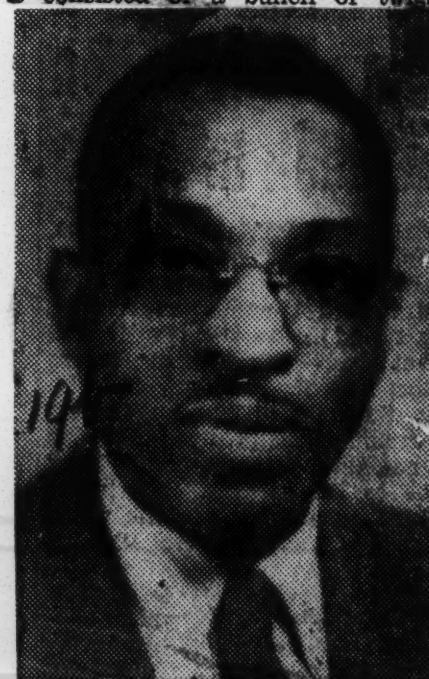
The observance is sponsored by the Jefferson County Dental Study Club of which Dr. John W. Nixon is the president.

Dr. Dowdell is a member of the advisory board of Citizens Federal Savings and Loan Association. He is one of the Silver Beaver leaders in the Boy Scout movement.

This is the second in a six-part series in connection with observance of Children's Dental Health Week which is being published by the Birmingham World in cooperation with the Jefferson County Dental Study Club.

### TOOTHBRUSHES ARE IMPORTANT

If today's children were confronted with what passed for the first toothbrush, chances are they wouldn't recognize it ... because it consisted of a bunch of twigs.



**DR. W. J. DOWDELL**

bound together.

Nevertheless, the basic purpose of the old and new models is the same — to clean the teeth. As more knowledge about teeth and their care has accumulated, modern man has extended the purpose of the toothbrush to include help in keeping the gums healthy.

When used properly, the tooth-

brush functions to interrupt conditions in the mouth that could lead to dental decay. It still is considered the most effective home weapon yet devised for cleaning teeth and combating decay.

Children should be introduced to the ways of toothbrushing as early as possible. Parents probably will have to do most of the brushing at first. One suggested way of training is to let the child brush first and then have an adult go over the teeth.

Proper timing is an essential element. Teeth should be brushed immediately after meals and after snacks.

Parents should impress on their children that the secret of proper brushing lies in application of friction and pressure. This allows the bristles to concentrate on areas between the teeth.

One technique of proper brushing consists of placing the bristles at right angles along the line where gum tissue meets the teeth. Pressure then is applied gently but firmly, so that bristle ends bend and slide off, penetrating into the space between. The upper teeth are brushed downward and the lower teeth upward.

Children should be taught not to keep their brushes in closed containers. They should be kept in the open and allowed to dry, thus giving the bristles a chance to regain their original stiffness.

The best toothbrush is one with a long handle and firm bristles. The working head should be flat and long enough to cover several teeth at a time, yet small enough to be effective in a crowded arch, especially on the tongue side of the lower teeth.

The toothbrush obviously has undergone considerable refinement since the days it was nothing more than a bunch of twigs. But no amount of refinement is too good for the toothbrush, considering its paramount importance in the maintenance of healthy teeth.

Next Saturday Diet and dental health.



# Dr. Sidney Eugene Welch Cited With 5 Fisk Dentistry Awards

*Birmingham World*  
Upon his June 8, 1959 graduation from Meharry Medical College, Nashville, Tenn., Dr. Sidney Eugene Welch, who has established an office in Fairfield, received five awards in the School of Dentistry.

The Birmingham-born dentist, who is also a member of the staff at Holy Family Hospital, Ensley, received the following five awards, namely:

The American Society of Dentistry for Children. It is awarded to the first and second most outstanding fourth-year students in pedodontic theory, technic, and practice.

The American Academy of Gold Foil Operators Award. Awarded to the most deserving graduating student for gold foil excellence.

The Mizzy Prizes, awarded by the Mizzy Dental Supply Incorporated to the most outstanding fourth-year students in Prosthetics, Pedodontic, Oral surgery and Anesthesia, Crown and bridge.

The Snyder Dental Prize. Awarded by the Snyder Dental Company of Nashville to the fourth-year student showing the greatest proficiency and excellence in clinical operative dentistry.

The Joseph Frank Dental Supply Award. Awarded by the Joseph Frank Dental Supply Company of Nashville to the graduating student who has shown the greatest proficiency on ceramics (crown and bridgework.)

Also graduating this class of 20 were Miss Bettye Louise Cobb of Etssemer and Dr. Eugene Legon Elliott, Jr. Dr. Elliott has established an office in Woodlawn.



19b 1960

GENERAL

## Survey Shows

## Dental Ills Of Negroes

CAMBRIDGE, Mass. —

Regardless of how much money is appropriated for education, "the best in education is not obtainable by Negroes in a racially segregated system," Dr. John A. Morsell, assistant to the executive secretary of the NAACP, observes in an article in the current issue of the Harvard Educational Review, a professional quarterly published for the Harvard University Graduate School of Education. "The abandonment of school segregation," he continues, "thus becomes a cardinal element in any projection that calls for maximum development and employment of the country's human resources. But this logic, or any logic of history, justice or humanity which we invoke finds hard going against the entrenchments of tradition, self-interest and monolithic political power which the South has arrayed against racial change."

Denial of equal educational opportunities imposes upon Negroes "ever wider and more crippling disadvantages in the competition of adult years. The disadvantages are cumulative for individuals and for generations," the NAACP spokesman points out.

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19b 1960

# Ghana Dentist Returns For Visit After 4 Years

*Norfolk, Va*

A United States Southern-born dentist, Dr. Robert E. Lee, with membership in the same American College Alumni Association as the first president of the newly Independent Republic of Ghana (Gold Coast), where he has practiced privately for the past four years, was in Norfolk for a visit a few days ago.

Dr. Lee was born in Charleston, S. C. and educated at Lincoln (Pa.) University and Meharry Medical College, Nashville, Tenn. Dr. Kwame Nkrumah, chief executive of Ghana, did his U. S. undergraduate study also at Lincoln University.

Dr. Lee is employed by the Ghana government to conduct a dental program in the same boarding school where her son is enrolled. The school is about 8 miles from Accra and she goes back and forth each day. Accra is about like South Carolina on the ocean and there is no winter, the temperatures average around 80 degrees. The seasons are determined by the rain. There is a long dry season from December to April called "homaton" and it is the most uncomfortable time of the year. But many of the homes and buildings are air conditioned.

*11-5-60*  
**THE DENTIST** has offices in Accra, the capital of the one nation with every group represented. There are no laws discriminating against any race or nationality there.

Over a year ago his wife, Mrs. Sara Archie Lee, also a dentist, returned to the states and visited her mother, Mrs. Susie Archie, at her home, 2400 Middle street in the Lindenwood section of Norfolk. Mrs. Archie's dentist son - in-law was also her guest during late October.

*Ghana*  
**DR. LEE VISITED** his parents, Mr. and Mrs. Samuel Lee in Charleston and Meharry College. His return itinerary will take him to Washington, New York, London and then Ghana by plane.

Dr. and Mrs. Lee have two boys, Randy 11, and Larry 13. The boys like it very much in their adopted overseas home. Larry is enrolled in a private boarding school with a September to June term just as in this country. The faculty is mixed - mostly, English, and African.

**THE YOUNGER** boy, Randy attends an International School at home where the teachers are English, Dutch and African and the headmaster, an African. They observe the African holidays.

## GHANA

There is a large Christian community in Ghana, and also many who follow the Moslem faith or worship in native cults.

Dr. Lee and his family have not decided how long they will remain in Accra.

## GHANA IS A cosmopolitan

GHANA IS A cosmopolitan nation with every group represented. There are no laws discriminating against any race or nationality there.

Dr. Lee estimated the present population of Ghana at about 6 1/2 to 7 million and its area about that of the British Isles. There are now no medical, dental schools but there are plans for them. The school system is very much like England's.

**AND AS IN** this country there are not enough teachers and the few schools are overcrowded. There is a program on for mass education and also for adult education.

In Accra there is a college of liberal arts, a law school and a school of business administration.

Most of the nation's doctors, dentists and lawyers studied in Great Britain and a very few in the United States. Some are in private practice but the majority are in public health work.

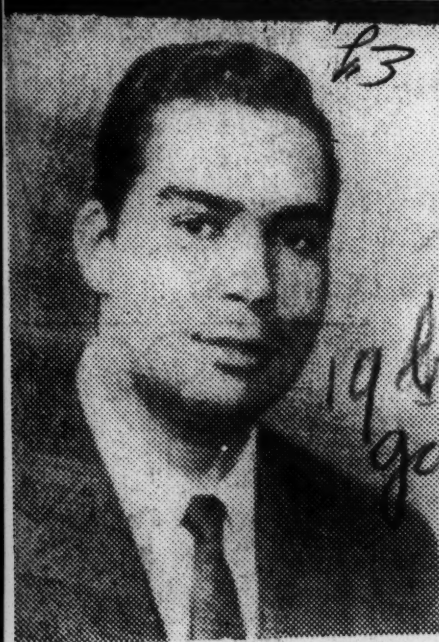
Ghana welcomes specialists and expert technicians. It is getting technical and agricultural assistance from the United States, through such agencies as the International Cooperation Administration, and from other countries.



19b 1960

GEORGIA

*Atlanta Daily World*  
**Georgia Dental Society Meets**  
*Atlanta, Ga.*  
**At Jekyll Island June 12-15**  
*Thurs 6/2/60*



**DR. JOHN E. BOYD, JR.**

BRUNSWICK, Ga. — The Chat-ham Dental Society, Dr. J. Clinton Wilkes of Brunswick, Georgia President will be host to the Georgia State Dental Society annual meeting June 12-15 at Jekyll Island Brunswick, Georgia.

The Society's State President Dr. J. W. Jamerson Jr., and his staff of officers have a very good scientific program arranged for the occasion. The Guest Clinician Monday, June 13, will be Dr. John B. Boyd Jr. Instructor of Prosthetic Dentistry, Howard University College of Dentistry.



**DR. HAROLD FLEMING**

The Guest Clinician Tuesday, June 14, will be Dr. Harold S. Fleming, Professor of Research, Howard University College of Dentistry.

There are many social activities that have been planned for the members of the Society and their guests. This promises to be one of the most interesting annual meeting since the first. President of the Georgia Dental Society Dr. J. W. Jamerson Sr., will be present.

This year Dr. J. W. Jamerson Jr. is president of the State Dental Society.





### Officers Of Howard Dental Alumni

*General Smith* *Norfolk, Va.*  
 These dentist are officers of the Howard University college of dentistry alumni, who met recently in Washington. Seated are Drs. H. Cicero Edwards (left) secretary, and A. L. Spencer, treasurer, both of Washington. Standing (left to right) are Drs. M. D. Wiseman of Washington, past president and treasurer; Russell A. Dixon, dean of the college of dentistry; H. M. Prophet, Helena Ark., president of the National Dental Association; Edgar A. Carroll, New York City, vice-president; and Hugo Owens, Portsmouth, Va., president.





*The Louisiana Weekly*  
**FATHER-SON DENTAL PRACTICE** -- Dr. Walter F. Young, who recently returned to New Orleans to enter dental practice with his father, DR. ANDREW J. YOUNG, SR., received friends and other guests recently at an "Open House" and tour of the ultra-modern offices with the latest in high speed dental equipment. He will share a suite of offices with his father at 2224 Cleveland Avenue. There are three operating suites, all cheerfully and restfully done in soft subdued pastels of cora pink, jade green and hiscayne blue, in addition to complete dental X-Ray and laboratory services. The Youngs represent the first "father-son" dental practice among Sepia citizens of New Orleans. Both father and son are graduates of the Howard University Dental School and are active members of Alpha Phi Alpha Fraternity, Inc. Shown are several scenes of the "Open House." (Upper Left) Victor

Labat, designer and contractor of the new facilities, chats with DR. WALTER F. YOUNG (center) and Dr. Joseph Braud. (Right) Mrs. A. J. Young, Sr., mother of Dr. Young, reads one of the many telegrams and messages sent by well-wishers to Mrs. Victor Labat, Mrs. Marx Labat, Mrs. H. J. Christophe and Mrs. Ernest Cherrie. (Upper Right) DR. ANDREW YOUNG, SR., pauses to talk with Urban League's executive director, J. Harvey Kerns (left) and Samuel Stratton, Chicago, Ill. (Lower Left) seated: Miss Jimmie Wickam, Miss Charmaine LeCesne, Miss Barbara Rosemond, Miss Lindia Jones, Mrs. A. J. Young, Sr., Mrs. John Hockett and Mrs. Walter Fuller. (Standing) Mrs. Florestine Collins and Miss Alma Young. (Lower Right) Father and Son review the register of names of visitors. (Porter's Photos)



19b 1960

MEHARRY MEDICAL COLLEGE



*from World*  
**TURPIN MEMORIAL DAY**, sponsored by the School of Dentistry and the Omicron Kappa Upsilon *Bethany Club* Dental Society of Meharry Medical College, featured (left to right) speaker and Meharry alumnus Dr. Marcus B. Hutto, D.D.S. '18, of Bainbridge, Ga., who was a classmate of honoree Dr. Donley W. Turpin, the former School of Dentistry dean; Mrs. Alma M. Turpin, widow of the distinguished and dedicated dental surgeon, Dr. Turpin; and Dr. W. H. Allen, presently dean of Meharry's School of Dentistry.



## Racial News Roundup

## Negroes File Suit Against N.C. Dentists

By CHARLES L. WEST

CHARLOTTE (AP) — Negroes broadened their attack on segregation in the South today with a federal suit against the North Carolina Dental Society. The suit seeks removal of the professional organization's policy of no Negro members.

Dr. Reginald A. Hawkins, Charlotte Negro dentist and Presbyterian minister, filed the class action suit in U.S. District Court for himself and "other Negroes similarly situated."

The society and its component organization, the Second District Dental Society, also a defendant, do not by regulation bar Negroes as members, but do so in practice, Dr. Hawkins asserted.

"No Negro dentist is or has been admitted to membership," he continued.

The situation is common throughout the South, said Conrad O. Pearson of Durham, a Negro attorney for the National Assn. for the Advancement of Colored People. He said the suit is the first such racial action brought against a professional society in the South and its outcome could apply to medical, legal and other professional organizations.

The defendants, who include the officers of both dental societies, have 20 days in which to answer the suit for a permanent injunction.

Dr. Hawkins said that the initial block to his membership is the by-law requirement for an applicant's recommendation by two members of the dental society. He said he had asked several white dentists to recommend him and some initially agreed, but later each said "he was unwilling to do so until and unless the dental society members all agreed to change the racial exclusion policy."

Nevertheless, he asserted, "I have a lot of young white dentists in my corner."

## Resolution Aimed at Court Suit

## News From Carolina

## Reminded Of Civic Obligations

## Dentists Told Extracting Teeth Is Not Entire Job

GREENSBORO, N. C. — **PROMINENT** dentists presented themselves with international scientific papers at the annual convention of the Old North State Dental Society at Greensboro, N. C., today. The speaker emphasized that the profession can no longer exist in a vacuum, completely oblivious of the local and world problems. He said, "the profession gives us certain leadership in the communities. The basic question is: do we lend this leadership to community enterprise to a better explanation of vital issues of the day?"

**SIXTY DENTISTS** from throughout North Carolina attended the three-day event. Dr. Newman C. Taylor, Alexandria, Va., vice president of the National Dental Association, keyed the meeting. He urged his fellow practitioners to use their leadership resources in developing a keener community awareness to the importance of good citizenship. He said that dentists not only have a responsibility to use the ballot, but also to encourage others in the same direction.

**DR. WILSON** warned that members of the dental profession must also concern themselves with international interests. The speaker emphasized that the profession can no longer exist in a vacuum, completely oblivious of the local and world problems. He said, "the profession gives us certain leadership in the communities. The basic question is: do we lend this leadership to community enterprise to a better explanation of vital issues of the day?"

Dr. J. C. Morgan of High Point, was installed as president at the closing session. Other officers elected included Dr. C. W. Floyd, Gastonia, president-elect; Dr. J. M. Hubbard Jr., Durham, secretary-treasurer; Dr. J. H. Horton, Edenton, assistant secretary; Dr. T. B. Bass, Durham, program chairman; and Dr. J. E. Campbell, Durham, publicity chairman.

## Resolution Aimed at Court Suit

PINEHURST (AP) — The North Carolina Dental Society adopted a resolution Sunday aimed at countering a federal court suit by a Charlotte Negro dentist.

The resolution asks that the 1961 Legislature repeal the requirement that the members of the State Board of Dental Examiners be members also of the Dental Society.

Lawyers W. T. Joyner and R. C. Howison of Raleigh introduced the resolution. As legal counsel for the society, they are defending the dentists in the suit brought in March by Dr. R. A. Hawkins. The Negro dentist charges discrimination in that no Negroes are members of the society, and that the society must furnish the members of the Board of Dental Examiners.

The resolution also authorizes the legal counsel and the society's Executive Committee to study, prepare and submit to the society's House of Delegates recommended legislation governing a substitute method of selecting dental examiners. The House of Delegates would receive the recommended legislation at a meeting to be called by the society president.

As a third point, the resolution authorizes changes in the society's constitution and bylaws to conform with the recommended legislative changes.

The society is holding a four-day meeting here, which some 1,500 dentists and their guests are expected to attend. W. B. Sherrod of Winston-Salem is presiding.

Highest peak in New York state is Mount Marcy, 5,343 feet high, in the Adirondack Mountains.





### Dental Society's "Top Brass"

Dr. J. C. Morgan (left) of High Point, president, and Dr. C. W. Floyd, Gastonia, president-elect, both of the Old North State Dental Society, check notes following their installation at the annual convention in Greensboro.



### Reward For Long Service

Dr. M. L. Watts (center) of Raleigh, N. C., long-time secretary-treasurer of the Old North State Dental Society, was honored at the annual convention in Greensboro last week for his service to the organization. Dr. W. L. T. Miller (left) of Greensboro, makes the presentation as Dr. J. J. Wilton of High Point, retiring president, looks on from right.



# Dr. Sylvester B. Smith, First Negro To Head Penn. Dentists

*Birmingham Ala.*  
*Birmingham World*  
AMBLER, Pa. — Dr. Sylvester B. Smith of this suburban Philadelphia community set two precedents recently when he was elected president of the Montgomery-Bucks County Dental Society. Chosen by unanimous vote, the highly regarded dentist thus became the first Negro and the first Ambler resident to serve this post in the group's 30-year history.

As president, Dr. Smith heads a selective group of some 400 dentists in Montgomery and Bucks Counties. Boasting one of the largest memberships in the state of Pennsylvania, the Society is a component of the Second District Dental Society, the Pennsylvania State Dental Society and the American Dental Association.

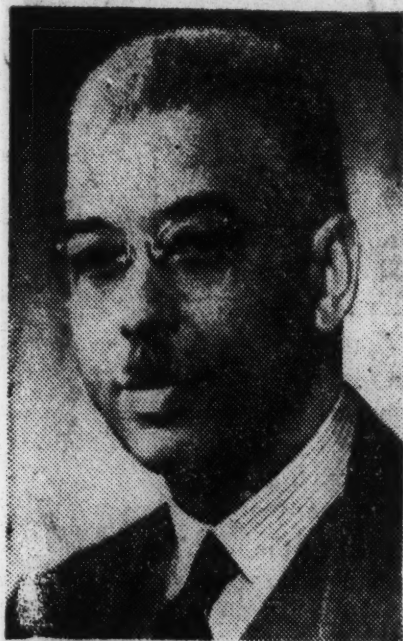
Dr. Smith, for years an active member of the organization also set a historic "first" for Negroes in 1957 when he accepted the chairmanship of the Program Committee, said to be one of the most important assignments within the group. That same year, Dr. Raymond L. Hayes, head of the Department of Endodontics at Howard University's School of Dentistry, became the first clinician of color to lecture to the Society. The following year, Dr. Thomas J. Pinson, also of Howard University and one of the country's leading oral surgeons, spoke before the group.

A spokesman for the society said that the society said that the unanimous election of Dr. Smith to the office of president is further testimony "that there are those in the world who are implementing the principles of democracy upon which this great country was founded."

By virtue of his election, the new president becomes a delegate to the American Dental Association's Convention. Among other affiliations incidental to his profession are the Odonto-Chirurgical Society of Phila., the Omicron Kappa Upsilon, an honorary dental society, and the National Dental Association.

## Heads County Dental Society

*Heads County, Mo.*  
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196 1960

PENNSYLVANIA

BUCKS COUNTY DENTAL SOCIETY

In Pennsylvania

# Dental Society Elects First Colored President

*Journal and Guide*  
*Norfolk, Va.*  
*Apr 6-18-60*  
*P. 20*

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DR. SYLVESTER B. SMITH  
Another "First"



# Dentists get police honor in Hampton

RICHMOND

For the first time since 1910, the Police Department of Hampton, Va. gave the men of the Old Dominion Dental Society the honor of an official welcome to the city.

Police Sergeant Carter presented the message of welcome to the dentists meeting at the Bayshore Hotel, May 2 and 3. They were the first group to receive this type of welcome since 1910.

Courtesy tags were distributed by Sergeant Carter to prevent any traffic tickets.

THE OLD Dominion Dental Society adopted several resolutions in keeping with the tempo and current trends of the times, as summarized by this resolution:

"That we endorse efforts to extend free and unhampered developments of all people to the end that freedom and democracy will be enjoyed by all human beings."

Dr. W. S. Clayton of Roanoke, Va. was elected president of the Society to serve 1960-61. Dr. Ford T. Johnson of Richmond is secretary.



19c 1960

ALABAMA

# Phenix Negroes

## File Petition

*Birmingham Post-Herald*  
PHENIX CITY, June 8 (AP)—A

complaint by Negroes asking for equal facilities at city-owned Cobb Memorial Hospital brought the reply from city officials that they already have them.

*6-9-60*  
A petition containing 587 names was submitted to the city commission yesterday, but the governing body said there was nothing to take action on.

*P. 5*  
Commissioner W. B. Mims, himself a physician, said Negroes have the same facilities as white patients, and disputed a contention that Negro doctors cannot practice there. He said he has never known of a Negro doctor being turned away.

One Negro spokesman, Austin Sumbly, said his people actually were seeking exclusive use of a new hospital wing. Mims replied that the wing originally was set aside for Negroes, but stayed empty much of the time.



19c 1960  
587 NAMES ON PETITION

*The Montgomery Advertiser*  
**Equal Facilities Requested**  
*Montgomery, Ala.*  
**By Phenix City Negro Group**

*Wed 6-8-60*  
 PHENIX CITY (Special) — A group of Phenix City Negroes Tuesday asked the City Commission for "equal facilities" at the city-owned Cobb Memorial Hospital. They presented a petition containing 587 names.

This was the second appearance of the group led by the Rev. S. A. Phillips, Willis Battle and Austin Sumbry. They presented a similar petition to the commission last fall.

Commissioners Jimmy Putnam, John Barbee and W. B. Mims Jr. told the group that the petition still contained no grounds which might lead to action by the governing body. The Negroes were advised last year to present their petition to the hospital board.

The Rev. Phillips said Tuesday no action had been taken by the hospital board and he felt the petition should again be presented to the commission.

The petition requests that Negroes be given the same facilities as whites at Cobb Hospital and that the facilities "be opened to all people on a first come, first served basis."

It also stated "Negro doctors should be allowed to use the hospital."

However, Commissioner Mims, a practicing physician, said he knows of no incident where a Negro doctor had been denied use of the hospital facilities.

Sumbry said the real reason for the petition was that "his people had been promised that the new wing of the hospital would be for them."

Mims replied that the new wing had been designated as a Negro section but had stayed empty much of the time and "the hospital could not afford to let this new wing sit idle."

Mims told the Negro delegation that Negroes had the same facilities as whites at the hospital. He said if the new wing had been patronized fully by Negroes, it would have been reserved for them.



# Hits Hospital Medic Bias

CHICAGO, Ill. (Special)

The retired president of the Institute of Medicine of Chicago told the annual meeting of the Chicago Bar Association recently that there has been "some progress in education, status and the acceptance of Negro physicians in the city, but Chicago has little to take pride in."

Speaking on the topic "Negroes and Medicine in Chicago," Dr. Franklin C. McLean told his audience of attorneys:

"This progress dates roughly from World War II and it may now be stated categorically that the barriers to the entrance of the Negro into medicine have been lifted progressively from the level of the medical student to the level of internship, and the level of graduate training in preparation for board certification."

## TOO FEW CANDIDATES

Dr. McLean said today there are more opportunities for the Negro candidates to take advantage of them. He added:

"These opportunities are, in a large part, afforded on a non-segregated basis in institutions which 20 years ago would have been closed to the Negro. While there are instances of discrimination — and too many of them — this is partly offset by a lively competition for qualified candidates who are available."

"The overall situation is that no qualified Negro needs to be the victim of racial discrimination up to the point of certification by the specialty boards."

Dr. McLean told the lawyers that while there have been important breakthroughs for the Negro physician, Chicago has little to be proud of. While the Negro physician is freely accepted by the Chicago Medical Society, the Institute of Medicine and many other groups, he shares with the Negro patient the effects of racial discrimination by a large majority of the voluntary hospitals in Chicago.

"Of an approximate 226 Negro physicians in Chicago, only 19 have staff privileges, courtesy or otherwise in predominantly white

voluntary hospitals. And all of these are accounted for by 10 out of 60 hospitals. Of the 19 physicians, only four hold the rank of attending physician.

"This is not an impressive record for a northern city. Of 14 selected communities in the U.S., Chicago ranks ninth with respect to the percentage of Negro physicians affiliated with predominantly white hospitals.

"When we turn to the plight of the Negro patient, with respect to hospital care, Chicago again has not a record to be proud of. Cook County hospital delivered 60 percent of all Negro babies born in 1955 according to an analysis of birth statistics by the Chicago Commission on Human Relations.

"All other hospitals, including Provident, accounted for the remaining 40 percent. It is by now a notorious fact that the extensive use of Cook County hospital by Negro patients is due to discriminatory practices on the part of voluntary hospitals rather than the inability of Negroes to pay for hospital care."

**BED QUOTA**  
In regard to the lack of availability of beds to Negro patients, Dr. McLean said:

"Voluntary hospitals and their medical staffs would need to remove intake limitations based on race — where such limitations exist — to relieve county hospital of its large load of patients (principally Negro) who are not medically indigent."

"Relaxation of limitations based on race would enable voluntary hospitals to use their beds more fully for the medically indigent in the event that additional funds from public or private sources are made available for this purpose."

"Although approximately 20 percent of the births in Cook County are Negro, maternity beds are virtually unavailable for Negroes in two out of every three hospitals."

"The argument that Negroes go to Cook County hospital because they cannot pay for private medical care is refuted by the fact that approximately 75,000 Negro

wage-earners in Chicago are covered by hospitalization insurance.

## MORE DATA

"There is much more data that might be cited, but the above should suffice in establishing the fact that the Cook County hospital is being used to absorb a large number of Negro patients unwanted by the voluntary hospitals, even though they may be able and willing to pay for their medical care."

"The situation has been made more acute in recent years by the removal of Chicago Memorial hospital and St. Luke's hospital from the Southside."

"I submit that the Chicago public, to say nothing of the medical profession, would not tolerate this misuse of a tax-supported hospital if it were carried on for an equivalent number on non-Negro patients."

"I am sure that most of us like to think of Chicago as an enlightened community where segregation and racial discrimination are illegal as well as morally unacceptable. But I could cite many examples to the contrary," Dr. McLean declared.

"Powerful forces are at work in an attempt to correct some of the conditions I have described. Among others, these are the Chicago Commission on Human Relations, the American Jewish Committee, the Committee to End Discrimination in Chicago Medical Institutions and the recently organized Council for Equal Medical Opportunity," he added.

# Ask Bias Probe In Accident Case

The Chicago Branch NAACP has expressed deep concern about the treatment two accident victims received at a local hospital on Jan. 30 and have asked that the matter be probed further.

Two men were struck by a hit and run driver at the corner of 95th and Wentworth. They were taken by a fire department ambulance and a police squadrol to Roseland Community hospital at 45 W. 111th st. One of the men was in critical condition.

After what was apparently temporary and minimal treatment, the two were taken by police squadrol from Roseland Hospital to Cook County Hospital at 1835 W. Harrison, arriving there hours after the accident occurred.

Albert Marshall, the more seriously injured of the two men, died a day later.

The cause of death has been attributed to loss of blood and other injuries.

Why was Marshall not given extensive emergency treatment at Roseland hospital in view of the fact he was suffering from a broken back, fractured skull, internal bleeding and compound fracture of the leg?

**WASTE OF TIME**  
Was his death due, in part, to the tragic waste of time between the occurrence of the accident and arrival at Cook County hospital, hours later?

Was his death due, in part, to the movement of his body by policemen and other interested persons and the subsequent transportation through city streets on a stretcher in a squadrol with no professional attending him?

These are but few of the questions. They have not been answered as yet. They should be answered thoroughly and promptly.

The Chicago NAACP has communicated with the Mayor's Commission on Human Relations urging prompt investigation of the

case. Immediate response by the Commission was given to the request and the ensuing investigation begun.



# Wayne Negroes Protest Refusal Of Hospital to Accept Trainee

*Raleigh, N.C.*  
GOLDSBORO — A Negro group here, protesting the rejection of a Negro girl as a trainee in the School of Practical Nursing at Wayne Memorial Hospital, says it will seek to have Negroes admitted to the new Industrial Education Center here.

A spokesman for the Negro United Organizations here said the hospital case has been referred to the National Association for the Advancement of Colored People.

NAACP officials will confer Thursday on the nursing school protest and the Industrial Education Center issue may be discussed.

United Organizations claims the rejected trainee was informed she had passed the entrance examination and later notified her application had been rejected. She was the only one of six Negro applicants who passed the examination given last summer for admission to the nursing school in September.

V. G. Herring, hospital administrator, said the girl was rejected by the nursing school's advisory council because of information contained in her application.

Herring said the nursing school has admitted Negroes on one previous occasion.

A United Organizations spokesman said the NAACP would be asked to investigate the whole status of Negroes' rights under the Industrial Education program, which pays nursing school teachers.

## Charlotte-Owned Hospital:

# Doctors Want Institution Desegregated

*Raleigh, N.C.*  
CHARLOTTE (AP) — Doctors who practice at Charlotte's municipally owned Memorial Hospital want the institution's facilities desegregated.

With 352 beds, Memorial is now Charlotte's second biggest hospital but a 233-bed addition now under construction will put it ahead of Presbyterian Hospital's 404 beds.

Memorial's medical staff, at a Tuesday night meeting, asked in a resolution for immediate admittance of Negro patients "in those departments where it may be feasible." In the past Negro patients have been admitted only in rare instances.

The staff asked also that half the beds in the addition now being built be set aside for Negro patients. The group requested also that a start be made on allowing Negro doctors to practice at the hospital, which is run by an independent hospital authority.

The physicians added that they would not operate over-crowded Good Samaritan Hospital, Charlotte's only Negro hospital on other than a limited basis after the new Memorial wing is opened.

R. S. Dickson, chairman of the hospital authority, Wednesday termed the doctors' statement "unfortunate because it is the board and the hospital administrators who run the hospital, not the physicians."

Dickson asserted that the board has decided already that the new wing will be used by Negro and white patients and that Negro doctors will be able to practice there when the wing is completed in late 1961.

## N. C. Hospital Bars Negro in 'Error'; He Dies

*New York Times*  
GASTONIA, N. C., June 14

(UPI). — Charlotte Memorial Hospital officials admitted today an employee failed to carry out the hospital's policy to treat all critically injured persons in a case where a nineteen-year-old Negro died after being taken to another hospital.

The Negro, Jimmy Small, of Gastonia, was taken to all-white Memorial Hospital suffering from severe head injuries, a possible skull fracture and a broken leg. He had been examined previously at a Gastonia hospital and then rushed to Charlotte for treatment.

At the Charlotte hospital, however, Mr. Small was refused entrance through what hospital authorities termed "an error." He was taken from Memorial to Mercy Hospital in Charlotte, a white hospital with a Negro ward, where he later died.

Harold C. Green, assistant administrator of the Charlotte hospital, said today: "The hospital regrets the whole incident. The boy was refused admittance through an error. Our policy states that we will treat all severe accident cases."



## Charlotte Hospital Officials Admit Negro Died After Entry Refused

GASTONIA, N.C. (UPI)—Charlotte Memorial Hospital officials admitted Tuesday an employee failed to carry out the hospital's policy to treat all critically injured persons in a case where a 19-year-old Negro died after being taken to another hospital.

The Negro, Jimmy Small of Gastonia, was taken to all-white Memorial Hospital in Charlotte suffering from severe head injuries, a possible skull fracture and a broken leg. He had been examined previously at a Gastonia hospital and then rushed to Charlotte for treatment by a brain specialist.

At the Charlotte hospital, however, Small was refused entrance through what hospital authorities termed "an error."

Small was taken from Memorial to Mercy Hospital in Charlotte, a white hospital with a Negro ward, where he later died.

Small received the injuries in a car accident Monday which claimed two other lives.

## Hospital Says Error Was Made In Refusing Injured Negro Boy

CHARLOTTE (UPI)—Charlotte Memorial Hospital officials admitted Tuesday an error was made in refusing emergency treatment to a critically injured Negro youth who was taken to another hospital where he died.

"The incident is most regrettable and corrective steps have already been taken," said Harold C. Green, assistant administrator of the hospital.

Green said refusing the Negro treatment was an error in that it was a breach of hospital policy, which is to give emergency treatment to all persons seriously injured.

The Negro, Jimmy Small, 19, of Gastonia, was in desperate need of attention from a brain surgeon, according to officials at a hospital in nearby Gastonia, where Small was injured in an automobile accident.

Two other persons died as a result of the crash. Thomas Edward Barnett, 17, of Gastonia, was killed and Mrs. Mary Margaret Reid, 28-year-old Lowell Negro, died of injuries sustained in the wreck.

Members of the Gaston County Lifesaving Crew rushed Small to Charlotte Memorial Hospital where he could have been treated by a brain surgeon. When they were told to leave, they took him to Mercy Hospital, a few blocks away.

Small suffered severe head injuries, a possible skull fracture

and a broken leg.

Officers did not know who was driving the car in which the three were killed. It smashed into a utilities pole and was pierced by the pole. They were working on the idea that whoever drove the car survived the accident and ran.

Green said he was not prepared Tuesday to make a statement about possible action against the emergency room employee who told the Lifesaving Crew to leave. He said he was still investigating the incident.

He said it had been the hospital's policy since 1949 to care for "all severe accident cases . . . including Negroes."

## Youth Dies Few Hours Later

# Hospital Rejects Negro

By JOHN H. MCCRAY  
CHARLOTTE, N.C. (UPI)—A 17-year-old dying Negro youth, sped to the Charlotte Memorial Hospital from Gastonia, N.C., found doors shut to him.

He died a few hours later in the Catholic Mercy Hospital and the debate on whether or not he might have lived will go on.

The youth, Jimmy Small of Gastonia, was critically injured in an automobile accident near Gastonia. Two other youths in the same car were killed outright.

SMALL WAS admitted to the Gastonia Hospital, in critical condition. He suffered severe head injuries, possibly a skull fracture, a broken leg and other internal injuries.

Gastonia Hospital authorities, feeling he'd have a better chance to live, agreed with a physician's request, and the unconscious youth, accompanied by a doctor, was sped to the Charlotte Memorial Hospital where arrangements for his admission, or referral—same as had been done countless times for seriously injured whites in the Gastonia area, had been made.

Memorial Hospital refused to help him. He died in Mercy Hospital some 17 hours after the accident.

Assistant Administrator at Memorial, Harold C. Green, explained that refusal to admit the youngster was "an error by a member of the administrative staff." He said Memorial, since 1949, has been taking cases of seriously injured or ill Negroes.

A STORM of bitter protest and indignation—much of it from white sources—has swept over Charlotte as a result of Small's death.

During the week, Dr. R. A. Hawkins of the Charlotte Medical Society, declared that only the administration at Memorial Hospital "can take the blame," not a nurse or some underling.

He said the Green explanation was at most a "get-back at Negro voters" because of protests against a 10-bed allotment promise to Negroes by Memorial.

The Medical Society said, further, that Small's ousting was "inexcusable" and proved further "that Memorial Hospital never intended to deal equally with Negro patients and doctors."



19c 1960

WEST VIRGINIA

# Hospitals deny bias, say no colored have applied

*Baltimore Md*  
CHARLESTON, W. Va.  
(ANP. — Charleston hospital officials denied last week that colored girls are refused entrance to the city's two nurse-training schools.

*lit. 4-16-60*  
However, they wouldn't say flatly that the schools are open to colored girls.

*5-18*  
"It's just that we've never had any colored girls apply for admittance," one official said.

"What would happen if they apply is something that will have to be decided when the time comes," the officials say.

The issue came up because the annual nurse-training scholarship offered by the Kanawha Medical Society Auxiliary was won this year by a colored girl, a student at West Virginia State College.

The girl and the auxiliary apparently assumed that she would be refused entrance to the schools here and preparations were made to send her to Huntington instead.

*W.V. News*  
**OFFICIALS AT** Charleston's two nursing schools — at General Hospital and at Kanawha Valley Hospital — denied that they have anti-Negro policies.

"Neither the girl who won the scholarship, nor any other colored girl, has ever applied for admission here," Mrs. Ardenia Tully, director of the Kanawha Valley school, said.



19d 1960

D.C.

# Freedmen's Employee Union Opposes Transfer of Hospital to Howard U.

*The Washington Post*  
*Washington D.C.*  
*Thurs. 6/2/60 P. 3-B*

A labor leader representing Freedmen's Hospital employees told a House subcommittee yesterday a majority of his union's members would quit the hospital rather than be transferred to the Howard University payroll.

William B. Hewitt, negotiations chairman for Local 1, American Federation of State, County and Municipal employees, said dislocation could be prevented by maintaining the Civil Service status of Freedmen's 700 workers when they are transferred.

A House Education and Labor subcommittee is considering legislation to build a new 350-bed Freedmen's Hospital and turn it over to Howard jurisdiction. This is intended to strengthen Howard's Medical School.

Freedmen's Hospital is owned by the Department of Health, Education and Welfare. Howard, while federally aided, is organized as a private institution.

Hewitt noted that the proposed legislation attempts to safeguard the rights of Freedmen's employees, but falls so far short of "the Civil Service protections they now enjoy that virtually all employees have indicated an intention to seek employment elsewhere rather than be transferred."

Both Hewitt and Albert K. Herling, representing the Greater Washington Central Labor Council, claimed a transfer is not needed to improve Howard's medical teaching.

Herling suggested that the Government might want to get rid of Freedmen's because it is a segregated Negro institution. A transfer would throw the embarrassing burden of maintaining this status on Howard, Herling explained.



19d 1960

D.C.

# **Freedmen's Hospital And Howard Transfer Smooth**

*1958*  
WASHINGTON, D. C. — (NNPA) Obstacles to the transfer of Freedmen's Hospital to Howard University as a teaching facility and the building of a medical center at the university have been apparently ironed out.

A local labor union succeeded in blocking the transfer by insisting that legislation giving the hospital to the university should protect hospital employees in all the benefits they receive as Federal employees.

Testifying before the House Appropriations subcommittee which handles appropriations for the Labor and Health, Education and Welfare Department, Arthur S. Flemming said he has been personally giving the proposed transfer attention and he believes an understanding has been reached which will make it possible for the necessary legislation to receive support if hearings are resumed.

Mr. Flemming, Secretary of Health, Education and Welfare, said he understands that the hearings before the House Labor and Education Committee will be renewed.

"I certainly hope that that is the case because I believe that this proposal is one that makes good sense," he said adding:

"It would help create a fine medical center at Howard University and put us in a position where we could make requests for a new hospital building which is desperately needed.

"Freedmen's Hospital is way behind the procession in the District of Columbia, and I think we should do everything we can to correct that situation."



19d 1960

# BASIC ACCORD' REACHED AT GRADY

*Atlanta Journal and Constitution*  
*Atlanta, Ga.*

Hospital Authority, Emory  
Urge Resources for Growing Service

*June 8/21/60*  
The Fulton-DeKalb Hospital Authority and Emory University's Health Services Board are in "basic accord" and expect a recent survey of Grady Hospital "to help them bring about an even more effective relationship," a statement signed by the chairmen of the two agencies declares.

But, the statement adds, the demand for service at Grady is growing and "adequate service can be maintained only if the community provides resources sufficient to keep pace. . . ."

The statement was signed by Fred J. Turner, chairman of the hospital authority, and James D. Robinson Jr., chairman of the Health Services Board.

Emory's medical school supervises patient care at Grady and trains its students there.

THE DEMAND for service has outgrown "the professional services available for Emory," the statement says. Grady has been called upon to supplement them, it went on, "and must do this within its resources."

The text of the statement:

"Grady Memorial Hospital is supported by taxes from Fulton and DeKalb counties to provide medical care for citizens not able to pay for such care or who require emergency treatment.

"The hospital is relieved of part of the cost of such care through an arrangement with Emory University. This arrangement provides that Emory's School of Medicine supervise the professional care of patients through doctors on its faculty in return for the privilege of teaching medical students in the hospital.

"The demands for medical service at Grady in the fast-growing Atlanta community have outgrown the professional services available from Emory, which are necessarily limited. The hospital has been called upon to supplement the professional staff available from Emory, and must do this within its resources.

GEORGIA

## Pulse of the Public

# Atlanta Medical Assn. Calls for Removal Of Racial Barriers To Training at Grady

*The Atlanta Constitution*  
*Atlanta, Ga.*  
*Thurs. 8-25-60*  
Atlanta — Fulton and DeKalb counties support with public funds a tremendous and valuable public hospital, Grady Memorial. The Hospital Authority developed Hughes Spalding Pavilion to help meet the needs for hospital care of one economic segment in this community. The authority was assisted in constructing the Pavilion by state and federal funds. The Pavilion, although contributing usefully to provision of needed hospital facilities, has been unable to fill the basic gap in the community's health service.

This gap can only be filled by removing racial bars to training opportunities afforded by the tax supported hospital. The hospital and the medical school responsible for supervision of patient care there admit to limitations in services because of the medical personnel shortage.

The fact that 70 per cent of the patients served by Grady Hospital are Negroes adds little comfort to Negro doctors-in-training who are barred, solely because of race, from the learning opportunities afforded by this public hospital.

This injustice has been the source of distress and frustration for many years. We realize that too few members of the public-at-large have been aware of the situation. Even fewer appreciate the deprivation to the public welfare which is the consequence. Included among the interns and residents of Grady Hospital are some foreign doctors. This the Atlanta Medical Assn. considers a wholesome policy, as they are meeting the educational requirements. Yet we feel greatly aggrieved that members of our association have been totally excluded only because of race. Of course, we are tax payers and citizens.

GEO. C. LAWRENCE, M.D.  
President, Atlanta  
Medical Assn.

Dr. Borders Urges Officials To

# Let Negro Medics Practice At Grady

*Atlanta Daily World*  
*Atlanta, Ga.*  
*Thurs. 10-27-60*  
Dr. William H. Borders, pastor of Wheat Street Baptist Church, urged that Negro doctors be permitted the use of the facilities at Grady Hospital, Wednesday, in a speech at Emory University. He was the week's speaker at the University worship service.

"The Negro has a contribution to make," Borders stated. "He ought to have a chance at Grady. This cuts deeper, a thousand times deeper than sit-ins."

He said that the sit-ins and Negro doctors at Grady "are part of the same problem. Martin Luther King has transferred the problem from the area of legal prejudice to moral law. He is bound to win."

Dr. Borders said that Negroes constitute one-third of the state's population and pay their share of the tax load:

"They occupy slum property, pay higher rent and yield more profit. Georgia has never educated a Negro doctor within her confines since James Oglethorpe laid foot on southern soil."

The minister told his audience that freedom is on the march, from the Magna Charter to the Montgomery bus decision.

"Integration in the armed services; integration in the nation's capitol; 112 cities abandoning segregated food services within the last six months. Twenty American countries are free. In the hinterland the natives are crying 'Freedom!' Negro students' sit-ins, kneel-ins, prove that Moses March — are parts of the world conquest." He further stated:

"If we could Christianize our economic might, righten our democracy, we could go out and take the world. America was born in the world for a time such as this."



## Atlanta Area's First Public

# Mental Health Unit Said Not For Negroes As Yet

By PAUL DELANEY

White citizens of Atlanta who might have a few mental ills have been awarded priority rating and will have access to the 18-bed unit mental health ward opening at Grady soon. Negroes who might be in similar conditions will have to hang on until more space is available.

Dr. Traywick Stubb, mental health director, reported that the first unit in the area's first public mental health treatment center will be "for white only." He said that facilities will be provided by Grady Hospital for Negroes at a later date, when they are available.

The new ward was announced last October by Emory University and the Fulton-DeKalb Hospital Authority. It is an intensive treatment center designed to handle patients who would respond to short-term, maximum therapy, without which, doctors, say, they would end up in a mental hospital where they might remain for years.

The acuteness of the mental health problem has been stressed by many interested citizens, including Superior Court Judge Luther A. Alverson, who has long actively participated in mental health programs. The state set up a mental health division Jan. 1 under the State Board of Health.

Dr. Stubb could not say when a ward for Negroes would be opened, only that when there is space available at Grady. Frank Wilson, administrative head at Grady, reiterated that the hospital's position is only in supplying the beds; the allocation of the beds to patients is done solely by the mental health people.

A reliable source reported that some Negro nurses who had hoped to be assigned to the new ward were disappointed when the all-white staff was named. This, too, will have to await the advent of a Negro ward.

## Inequities Here Are Told To Grand Jurors

### Yates Hits Lack Of Employment Of Negro Physicians At Grady Hospital

P. 3. By JOHN BRITTON  
ATLANTA, Ga.—(SNS)—

The glaring areas of disenchantment with the status-quo that have been observed in the Atlanta Negro community were reportedly spelled out bluntly to the Fulton County grand jury recently by a prominent Negro business magnate.

The businessman, Clayton R. Yates, co-owner of a string of Atlanta drug stores, appeared before the March-April term grand jury on April 15 to tell what he knew of the community and to offer remedial suggestions for the inequities that, he said, needed adjusting.

The March-April term grand jury will disband today after two full months of investigative work in the law enforcement field. As they are discharged today by Presiding Superior Court Judge Luther Alverson, they will present to the court a terms-end special presentment containing their recommendations on community affairs.

Whether or not Yates' suggestions will be incorporated in the grand jury's presentments is a question that will remain unanswered until the official document is released for publication later today.

According to reports, Yates hit hardest at the apparent discrimination practiced against Negro doc-

tors at Grady Hospital, a public infirmary.

Yates is believed to have told the grand jury that since 70 per cent of Grady's patients are Negroes, the hospital should include Negro "doctors in training" on its house staff, and also permit the Negro surgeons in training to work on the wards to increase and speed up services rendered to eligible patients.

(According to reliable information, Yates also criticized the hospital's ambulance service that apparently operates on a discriminatory basis.)

The druggist supposedly suggested that unnecessary and costly delays might be avoided in hospital service by the use of Negro internes at Grady Hospital and Negro ambulance drivers.

Yates reportedly also spotlighted the lack of adequate fire department protection for residents of

Atlanta's westside.

It was further understood that the businessman urged more and improved vocational education facilities for Negro students to increase opportunities in the fields of trade.

Lastly, Yates reportedly mentioned to the grand jurors what appeared to be a discrepancy in Negro employment at law enforcement agencies in Atlanta.

That there are only 31 Negro members of the 803-man Atlanta police department was reportedly mentioned by Yates. Only four of 76 city detectives are Negroes was reportedly another area touched on by Yates.

Sources reported that Yates further observed that no Negroes are employed as school detectives or adult probation officers, and that no Negro policeman on the force has been promoted within the police department in ten years.

The grand jury's terms-end presentments are expected to be released before noon today. It is possible that the panel will have incorporated Yates' ideas in their recommendations since the areas reportedly hit on by the druggist are frequently topics of grand jury interest.

During the course of the outgoing grand jury's two-month term in office, several other Negro men appeared before the body with statements.

Solicitor General Paul Webb said he knew that Dr. Rufus Clement, president of Atlanta University, and T. M. Alexander, Sr., another local businessman, had appeared before the grand jury.

The things Clement and Alexander brought to the grand jury's attention could not be determined. Both men were unavailable for comment Thursday afternoon.

## Grady Graduates 16 At the 42nd Exercises Here

Sixteen young ladies were awarded diplomas at the 42nd annual graduation exercises of the school of nursing of Grady Memorial Hospital Wednesday night. Over 200 former students of the school are in town simultaneously celebrating their Homecoming.

Annie Pearl White of Birmingham, Ala., added another award to her long list when she received the Medical Award, the school's highest honor. Christine Wilkins of LaGrange, N. C. got the First Alumnae Award and Emma Jean Allen of Columbus, received the Second Alumnae Award. Miss White received a record breaking four awards at the school's honor program recently.

The graduating class was represented by Mrs. Margaret H. Citrenbaum, school of nursing director; J. William Pinkston, Jr., awarded the diplomas, and Miss Frances L. Hammett presented the school pins. The ceremony was followed by a reception. Graduates were:

Emma J. Allen, Columbus; Ruth W. Boatwright, Boligee, Ala.; Helen M. Cameron, Durham, N. C.; Mary C. Evans, Decatur, Ala.; Ruth J. Foxx, Florence, Ala.; Sarah L. Guyton, Cairo; Rosa L. Hawkins, Montgomery, Ala.

Minnie L. Hopson, Atlanta; Fannie K. Lamb, Phenix City, Ala.; Ethel M. Palmer, Huntsville, Ala.; Windora E. Smith, Birmingham; Catherine L. Thomas, Thomasville; Beatrice M. Washington, Wadley; Annie P. White, Birmingham, Ala.; Blanche L. Whited, Birmingham, and Christine Wilkins, LaGrange, N.C.



# Says Pavilion Not Permitted To Achieve Goal Of Training

By PAUL DELANEY

Mrs. Grace T. Hamilton, secretary of the advisory board of Hughes Spalding Pavilion, disclaimed the charge Wednesday by the Fulton-DeKalb Hospital Authority that the Pavilion, a "wing" of Grady, was operating in the red and said the Authority must assume responsibility for the "whole, Grady and Spalding."

"Spalding is no burden on the Authority," she asserted in an interview. "As a matter of fact, Spalding could serve Grady much better if it were permitted. Its house staff and interns are very competent and could certainly be useful in the wards of Grady."

She emphasized this point in saying that the Pavilion is not permitted to live up to its purpose of "assuring a means of training needed Negro doctors, nurses, medical and technical hospital personnel for the community (especially the Authority in the indigent wards of Grady Memorial Hospital)." "It is our conviction that these positions can be created and supported through funds available to the Authority on the same basis, and with similar contractual arrangements to those which provide such professional supervisory services at Grady Hospital. The absence of these professional positions limits the hospital care and well-being of the public served by Spalding Pavilion."

"But Negro interns cannot gain access to material which is permitted whites," Mrs. Hamilton stated. "He cannot even serve Negroes in the wards at Grady."

The controversy brewed when the Authority reported that Spalding lost \$50,534 during the first six months of this year. Mrs. Hamilton discounted the charge, and counter-charged that the fact is Spalding's funds are channelled back into Grady. According to figures she submitted, the Pavilion actually has an \$89,585 surplus.

Mrs. Hamilton produced a letter, dated July 20, 1960, in which the advisory board asked the Authority for a report of Spalding's operations compiled by a New York consultant firm.

"To this date," Mrs. Hamilton said, "the Authority has not replied. We cannot understand why they are keeping it in the dark; it is a public record."

The advisory board, at its Tuesday meeting of this week, requested that the Authority call a meeting sometime this month "to provide us with a copy of the report." Mrs. Hamilton said the Authority meets monthly and last met July 25.

In the letter the board sent to the Authority, the following additions for Spalding were asked:

"A director of Internal Medicine

\$90,000 Available To Train Negroes?

## Report On Grady, Sought By Spalding Board Is Released

By PAUL DELANEY

The release to an Atlanta afternoon daily paper of a report by a New York management consultant firm on Grady Hospital has added more fuel to the already sizzling controversy involving the Fulton-DeKalb Hospital Authority and the advisory board of Hughes Spalding Hospital, Grady's private colored wing.

The report had been sought by the advisory board for some time. A letter dated June 20, 1960 specifically asked the Authority for a copy of the report. Mrs. Grace T. Hamilton, secretary of the board, said that apparently somebody was trying to keep it from the board for some reason, but "it is a public record."

The advisory board also refuted in a letter the charges of Fred J. Turner, chairman of the Authority, who intimated that the board was a special interest group. The letter stated that the Authority is supported by public money and charged that the Authority is a special interest group attempting to preserve the status quo of depriving a large segment of medical training opportunities.

DR. HOMER McEWEN

Dr. Homer C. McEwen, pastor of First Congregational Church and a member of the board, said that Spalding was being used as a scapegoat and wash item. He said that the board's figures show that Spalding is operating with a \$90,000 surplus and that the money should be used for training of Negro medical personnel.

"We are only an advisory committee and can make no decisions only recommendations," Dr. McEwen stated. "They blame us for not running the hospital sufficiently. We are used as scapegoats."

The report both praised and criticized the Fulton-DeKalb Hospital Authority. According to the newspapers, the Authority has had the report since last February.

Turner said that many of the criticisms have been corrected since the report was made.

The survey recommended that Hughes Spalding be established as a separate unit of the hospital, the article said. This has been suggested by the advisory board in the past and in the current controversy. A member of the board stated that this is apparently the reason the report was not given to the board.

### ISSUED STATEMENT

The present skirmish started when the Authority issued a statement that Spalding was operating in the red. The advisory board and Mrs. Hamilton quickly defended the hospital, saying that it is not a burden on Grady and could serve it better if Negro interns were permitted in the wards of Grady.

Neither Negro interns nor physicians are permitted in Grady's wards, not even for Negro patients. Mrs. Hamilton was especially critical of this practice and charged that Spalding is not allowed to live up to its purpose of training Negro medical personnel for the community.

The report by the New York firm further said that Spalding could probably operate on a break-even basis if it were permitted and given the initiative to do so. Other criticisms were:

That Hospital Authority Chairman Turner and Frank Wilson, superintendent, "exercised almost unlimited authority" in managing the hospital since the board of trustees was not strong; and that nursing in the Negro out-patient clinic was insufficient (the article said Wilson stated that two more

nurses have been added).

The survey also recommended that a new agreement be made with Emory University. The school and the hospital have contractual arrangements whereby Emory provides medical services and teaching. The white interns are Emory medical students.

This is another sore spot that has been severely criticized by members of Spalding's advisory board. They contend that since Emory bars Negroes there is really no effective program for Negro interns. They also contend that Grady is a tax-Negro as well as white-supported institution.

Spalding now has two Negro residents. They are Dr. Lee Shelton from Howard University, and Dr. Perry Mathis of Meharry.



19d 1960

## What Is Grady?

# Grady Gives the Best Care But Public Doesn't Know It

Grady Memorial Hospital, the giant medicine man on Atlanta's horizon, furnishes top-flight medical care for the sickly poor of DeKalb and Fulton Counties.

But Atlanta taxpayers don't believe it.

This hurts Grady, which is a tax-supported institution spending \$6,770,000 a year to care for the poverty-stricken of the two counties. But the conclusion is inevitable—Grady has a poor public image.

Note the observations of independent New York management consultants, paid \$35,000 to study the hospital:

"In comparison with comparable publicly supported hospitals, the hospital appears to provide quality care to patients in most areas. . . . The high quality of patient care now given is not understood and appreciated."

Observe the words of Hospital Authority Chairman Fred J. Turner, retired chief of the Southern Bell Telephone Co.:

"We have the very definite objective of providing at all times the very finest medical care that can be given patients within the funds available."

Even the medics agree. Said Dean Arthur P. Richardson of the Emory medical school:

"As an observer for 14 years, I can tell you the medical care at Grady in the past 10 years has improved immeasurably. The indigent sick are getting better care than could be purchased for any amount 15 years ago."

A surgeon connected with Grady for three decades commented: "We are giving excellent in-patient care."

Not only is the care excellent but Grady is thrifty. Its cost per patient day is \$21.86, compared

with \$29.68 statewide and \$40.20 for the hospital utilized by the University of Maryland medical school.

Why does the Atlanta public have such a poor opinion of Grady?

### OUT-PATIENT SERVICE

First major contributing cause to Grady's "public image" is its deteriorating relations with its cooperation medical school at Emory. The New York consultants—Cresap, McCormick and Paget—make no bones that hospital-university relations "contributed heavily" to misunderstanding about the efficiency of Grady's services.

But another reason pops to the surface. This is the apparent inadequacy of Grady's out-patient service.

Atlanta's poor make 435,000 calls a year to the out-patient clinic. Each day 2,300 prescriptions are filled. Each caller becomes a walking messenger who spreads the word about Grady.

What is the word?

Dean Richardson of Emory: "We are doing a poor job in out-patient service."

A Grady surgeon: "The out-patient care is not as good as we would like."

### LITTLE TIME

New York consultants: "Most complaints stem from care provided in the out-patient and emergency clinic areas."

The consultants found that nursing personnel in out-patient clinics had only 7.1 minutes for care of each colored patient, 12.5 minutes for white. This, in turn, contributed to poor utilization of the physician's time.

Now it becomes apparent why the consultant's study of Grady Hospital made this observation:

"During recent years newspaper articles criticizing the hospi-

tal and detrimental to its reputation and prestige have created widespread doubts among the caliber of patient care provided."

Money and manpower would solve the out-patient clinic problem. The pharmacy staff, upon the consultant's recommendation, was increased from five to seven. Otherwise, the problem has hardly been touched, except for Grady's tightening up of fee collections, which earlier permitted \$15,000 a year to dribble out.

### NEED SPACE, MEN

Dean Richardson of Emory said "medical manpower" would go a long way to improving the out-patient clinic. Added space would help. With space he said Emory might even secure added research grants to supplement its current \$900,000 annual research program financed by grants.

Other problems contributing to Grady's poor public image may not be so simple. Consider Grady's relations with Emory medical school, which has overall supervision of Grady's medical care.

Emory wants to assume virtually complete control of the medical program, with the idea that better coordination of thrifty use of talent will result. This has led to friction between Grady and Emory.

In fact, the New York consultants report that a joint Grady-Emory committee of four men has "not functioned effectively." The committee "has been unable to reach mutually agreeable solutions to existing problems."

Stalemate.

But the principals don't consider it important.

Said Grady trustee chairman Turner: "I think Emory and Grady will admit to being happier than they have been for a

## GEORGIA

long time. When a question arises we get all the interested parties together. We don't meet just because it's the fourth Thursday in the month."

Dean Richardson of the Emory medical school: "The joint committee is important and is essential to develop the right type of communications. There are reasons why it hasn't met—including the need for Mr. Turner to orient himself as hospital chairman. I'm convinced there has been no concerted attempt to sabotage the committee."

### ADD FRILLS

The New York consultants suggested a number of costly frills which would improve Grady Hospital's public image. These include beefing up the public relations staff from two to four persons and increasing the social service positions from six to 12.

But the first order of business for improving the public image of Grady appears to be improved out-patient care plus major improvement in relations between Grady and Emory medical school.

## Why Hide Grady Needs From Public Attention?

An interesting reaction to the examination of Grady Hospital came in the morning mail from someone at Emory University.

The writer noted a part of a consultants' report on Grady which said: "During recent years newspaper articles criticizing the hospital . . . have created widespread doubts about the caliber of patient care provided."

The writer rather acidly inquired whether this was what the newspapers "wished to accomplish."

No, sir. We wish to accomplish a public understanding of the needs at Grady, so there can be public support for fulfilling them.

It is rather obvious from the consultants' report, from Grady comments, and from Emory statements ("We are doing a poor job in out-patient service") that the press is reporting a problem, not inventing one.

Should we tippytoe away and let the public believe everything is hunkydory? We believe the public cannot understand or fill a need that is kept from it.



## Concern For Segregated Practice

*Atlanta Daily World*

# Dr. Yancey Has Praise For Pavilion Training Program

*Atlanta, Ga.*  
*Thurs. 8/18/60* By PAUL DELANEY

In the midst of the squabble between members of its advisory board and Grady Hospital-Fulton-DeKalb Hospital Authority, Hughes Spalding Pavilion's resident training program was praised Wednesday by the man who heads it, Dr. Asa G. Yancey, who is also the hospital's chief surgeon.

Dr. Yancey expressed concern over Negroes not being permitted to practice in the wards at Grady (Spalding) has been operating in the red, and figures by Spalding's current hassle, as Negro member of the advisory board are becoming more vocal on the issue. The interns at Grady are under the auspices of Emory, and since Emory does not have Negro students, there are no Negro interns. Dr. Yancey stated that Emory has a direct hand in the training of Negro residents — as do all concerned, including Grady and the Authority.

"It is a very good program," Dr. Yancey stated, "that is designed to develop the residents' distinct possibilities."

He said a lot of people have used the terms "resident" and "intern" interchangeably, which is wrong. He pointed out that a resident is one who has finished medical school and his internship and is doing what is comparable to graduate work.

An intern, on the other hand is just out of medical school. Grady, through Emory University, has interns in training. Spalding has two Negro residents presently.

Spalding's resident training began about two and a half years ago, Dr. Yancey said; at the same time he came to the hospital. He said the trainees not only practice on the now controversial 10 indigent patients sent over from Grady, especially for them, but also on the patients in the private institution — under the supervision of physicians, Dr. Yancey emphasized.

He said the first Negro resident was very successful and passed all the exams of the American Medical (AMA), Board of Surgeons and the College of Surgeons. He is now practicing in California. He is Dr. Ross Miller.

Dr. Miller graduated from Howard University and did his internship at Jersey City Medical Center, Jersey City, N. J. Before coming to residency at Spalding, Dr. Miller was a resident at the Veterans Hospital at Tuskegee in 1952-54, and the VA Hospital in the Bronx, N. Y., in 1954-55. He did his senior residency at Spalding.

Dr. Miller was also with the National Cancer Institute at Bethesda, Md., before coming to Atlanta.

## Pulse of the Public

# Makes Good Sense To Remove Barriers To Negro Interns at Grady, He Writes

Atlanta — Congratulations to you for pointing out that it makes good sense to remove barriers that impeded the training of Negro interns and residents at Grady Hospital. Georgia is fifth from the bottom in the number of physicians it has available to its population. Does it make sense to train men from other states who leave Georgia after they have had their training and at the same time refuse to train Georgia citizens, M.D.'s who need to serve 250,000 Negroes in our metropolitan Atlanta?

As president of the white-Negro staff of the Spalding Pavilion for four years, I have tried to cope unsuccessfully, with the task of creating a training program. Since 1952 our efforts have had these pitiful results—three surgical residents received one year of training; four others (who are rotated from their program in Tuskegee) received three months training each at Spalding. None received experience in obstetrics, pediatrics or medicine. I would consider our efforts pretty much incomplete, wouldn't you? The reasons for our failures are as follows: (1) There are not enough beds available for training purposes at Spalding. They are filled, and rightly so, by Negro pay patients; (2) Emory Medical School does not have the money to set up a separate teaching program at Spalding. Our present program is financed by special annual grant of \$40,000 I helped to procure from the National Heart Institute in Washington.

What is necessary to rectify this mess? (1) Action by the trustees of Emory University authorizing Dr. Richardson, top-flight Dean of the Emory Medical School, to accept and train Negro physicians on the Negro wards of Grady Hospital. I have reason to believe he and his staff of splendid teachers would comply readily. If more money is needed for the program, I know it can be made available (without costing our taxpayers a dime) from other grants-in-aid (in medicine, surgery and pediatrics) from my friends at the U.S. Public Health Service in Washington. To make Negro x-ray and laboratory technicians available to Spalding and the city at large, I recommend that the Hospital Authority authorize this training.

These matters are policy making ones which should be determined by the Fulton-DeKalb Hospital Authority and not by administrators. If this appointed body is not strong enough to control employees (which I believe they can do if they have the facts), our county commissioners should help them.

ALFRED A. WEINSTEIN,  
 President Emeritus, Spalding Hospital.

## She Raps Vandiver For Electors Stand

Atlanta — I am weary of the childishness and churlishness of Gov. Vandiver who — in my opinion — reached a new low in his reply to former Gov. Ellis Arnall. This counterattack, full of sound and fury and the old familiar cliches about the Supreme Court, NAACP, "renegade whites" and what he describes as Communist-front organizations, did not answer the question of the governor's party loyalty.

A Protestant, I respect, admire and enthusiastically support John Kennedy for president; a lifelong Democrat and seventh-generation Georgian, I cannot be an "Organization Democrat" as long as the party in Georgia is controlled by men who would make my vote worthless.

ELIZABETH COBB.

## Atlantan Casts Vote For Hartsfield Airport

Atlanta—I want to join the movement to have the Airport named in honor of Mayor Hartsfield. Surely he has earned and richly deserves the honor, and I think it would be a credit to our city to have it so named.

MRS. GENE C. GOSLEE.

## Negroes Don't Want Integration, He Says

Lavonia—Why not give your public facts? Over 75 per cent of Negroes do not want integration in schools or lunch counters. I have traveled 12 states for approximately 35 years. I know people.

H. T. LONG.

## How Would Employes Vote on Cafeteria?

Atlanta — I venture to assert that if the governor would allow the now popular mock vote on the closing of the Capitol cafeteria, the state employes and the taxpayers would vote in favor of keeping this eatery open.

ROZELL REID DOUGLAS.



19d 1960

GEORGIA

# Spalding Pavilion Board Asks Budget Separate from Grady

By BUDDY DAVIS

Advisory board members of the Hughes Spalding Pavilion initiated an effort Tuesday to secure budgetary status independent of Grady Hospital.

The Pavilion is a 125-bed hospital for Negro patients who are able to pay. It is under the jurisdiction of the Fulton-DeKalb Hospital Authority, which also operates Grady.

The bi-racial Spalding advisory board sought a "prompt meeting" with the Hospital Authority for two purposes:

1. To attack the "basic problem—the right of this board to have and to administer its own budget."
2. To secure access to a New York consultant's report, which surveys the entire hospital operation.

The joint meeting of the two boards was proposed by Mrs. G. T. Hamilton, secretary of the Spalding advisory board. The action was informal, however, because the advisory board lacked a quorum for the second consecutive monthly meeting.

The Spalding group expressed dissatisfaction with the Hospital Authority's bookkeeping, which represents the hospital as losing \$50,534 in the first six months of 1960.

Mrs. Hamilton submitted a memorandum which contended the hospital actually had a six-month surplus of \$89,585. She arrived at this figure by crediting the hospital with 85 per cent of its accounts receivable, disavowing \$27,000 administrative expense borne by Grady, and crediting Spalding with \$30,600 for bed care of 10 indigent patients.

Hospital authority secretary Frank Wilson, asked about the deficit after the meeting, said the figure juggling was largely academic because the authority was

underwriting the entire operation and no transfer of cash was involved.

He said the authority was seeking to put Spalding's business affairs on a more realistic footing without concealing costs. He listed these points:

1. In both the operation of Grady Hospital and Spalding Pavilion, accounts receivable are not deemed an asset. They become an asset only when paid. For the first six months, Spalding has \$97,000 in uncollected bills.

2. Beginning Jan. 1, Grady Hospital began charging Spalding for such administrative services as insurance, pensions, accounting, purchasing, legal, auditing and similar services. It was an outgrowth of a 1959 cost analysis which revealed the cost per patient for these services. For six months, Spalding's share was \$27,000.

3. Grady provides 10 indigent surgery patients to Spalding as "clinical material" for Negro interns. This is deemed a convenience for Spalding and Grady is not likely to assume the \$60,000 a year cost for their care since it has empty beds available.

Mrs. Hamilton and Spalding board member Homer McEwen were particularly critical of Spalding being forced to assume the \$60,000 annual cost for indigent patients. They described it as a penalty on Spalding Pavilion simply to keep Negro interns from training in Grady Hospital.

Said the Rev. McEwen: "We acknowledged all along that the beds here are a poor substitute. We've believed all along that it would be best to permit Negro interns to practice in Grady's Negro wards."

"Now we are criticized for accepting second best."

Hospital authority secretary Wilson said Negro interns could not practice in Grady without approval of Emory University.

which supervises Grady's medical care under contract.  
**Says Even Foreigners Can Practice**

## Lack Of Negro Internes At Grady Hosp. Deplored

By PAUL DELANEY

Another voice of the Negro community has spoken out on the important issue of the position of Negro interns and practicing in the wards of Grady Hospital. Clayton R. Yates, a member of the advisory board of Hughes Spalding Pavilion, lashed the discriminatory policies of Grady.

In a letter to the chairman of the Fulton County Commission, the Rev. Homer S. McEwen, also a member of the advisory board, joined in urging a revision of policies that would permit Negro interns to practice at Grady.

"We are urging that Negro interns be permitted to practice in the wards of Grady," stated Yates. He hit the fact that through Emory University, whose medical students practice at Grady, foreign students can practice while Negroes cannot.

"The foreign students are there on Negro taxpayers' money. The foreign students don't pay taxes, or for licenses, or anything. They have their civil rights the minute they get there. The Hospital Authority needs to re-write contracts with Emory."

Yates said that for Negroes to practice at Grady would relieve Spalding of paying for 10 indigent patients that the Negro interns now practice on. The charging of the 10 to Spalding was one of the causes of the present controversy. Advisory board members rejected the charge by the Authority that Spalding was a burden and operating in the red.

Yates added that it would give Negro doctors the chance to build up their practice with the people he would treat at Grady, as the white doctors do now.

"Negroes are robbed of this," he

stated, "because they are not given the chance to tend to Negro patients as interns and build up friendship and clientele." Rev. McEwen's letter was to J. H. Aldredge. It criticized the statements of Fred J. Turner, chairman of the Fulton-DeKalb Hospital Authority, referred to the board as a "special interest group."

"One of the most ambiguous statements was to the effect that Grady Hospital cannot be influenced by special interest groups in the operation of the hospital," the letter stated.

Commissioners delegate responsibility for the operation of the hospital and the Hospital Authority. This Authority in turn delegates the responsibility for provision of medical care in the public hospital and the school.

"If racial discriminatory policies limit the opportunities of Negro doctors-in-training, by prohibiting their working in the wards of the public hospital, whose 'special interests' are served?"

"Disease knows no racial barriers. The public interest requires that Grady Hospital, the Hospital Authority and medical school with whom it contracts for supervision of hospital care, relinquish what 'special interests' are served by the present policies — and begin to serve the whole public in

opportunities afforded by this situation."

es referred to the report on Grady's operations by a New York consultant firm that the advisory board has been unable to obtain of. He noted that the survey supported the board's contention that depreciation is not charged, as Grady has been charging no Spalding. He also protested the charging for miscellaneous items and the 10 indigent patients.

The survey further supported board members in their desires that Spalding be made a separate entity from Grady, and allowed to operate on its own.

Some board members said they are still hoping to get the report. A meeting with the Authority has been requested on this and other matters. The members expressed disappointment over the release of the report to the press before they could see it.



# Grady Authority Orders Full Study of Pavilion

A full-scale study of Hughes Spalding Pavilion will be undertaken by the Fulton-DeKalb Hospital Authority, Chairman Fred J. Turner said Thursday.

Turner said the study will be made by a committee of the 10-member authority.

Hughes Spalding Pavilion is a 125-bed hospital for Negro patients with ability to pay. Since started in 1952, it has been operated as a fiscal offshoot of Grady Hospital, although its ultimate responsibility rests with the Hospital Authority.

Turner said the study will include all aspects of the hospital including the possibility of separating its administrative operations from Grady Hospital.

An increasingly vocal group has sought to free the Pavilion from Grady Hospital administration. The latest to speak out was Dr. Haywood N. Hill, president of Spalding's medical staff, who criticized administrative confederation of taxpayers would be paying twice—once in retiring revenue certificates and again in paying for depreciation.

A New York hospital consulting firm, hired by the Hospital Authority to study the entire system, this year recommended independence of Spalding if it can be made self-sustaining.

## Audit Study Outdated, Grady Says

Policy changes have outdated major portions of a Fulton County audit of Grady Hospital chairman Fred Turner of the Fulton-DeKalb Hospital Authority said Monday.

The audit, made for the county by the firm of Mount and Carter, covered a five-year period ending Dec. 31, 1959. It was particularly critical of the Authority's budgeting \$745,000 for depreciation of Grady Hospital.

### VOLUNTARILY REDUCED

Turner said the Hospital Authority, independent of any audit or report, voluntarily reduced the

depreciation item to \$440,000. This covers only property within the buildings and not the structures themselves, he said.

But Turner said an additional \$175,000 was earmarked as a building fund, with the Authority planning ultimate construction of a new laundry and replacement of the white nurses home.

### SELDOM CHARGE

He also observed that some specific depreciation items are demanded in the contract between Fulton County and the Hospital Authority. And he said depreciation was required in the agreement under which the hospital bonds were marketed.

The auditors said tax-supported institutions seldom charge for depreciation of buildings and equipment. Otherwise, the same general criticism of taxpayers would be paying twice—once in retiring revenue certificates and again in paying for depreciation.

The audit also called for investment of cash left in trust to the Hospital Authority. Turner said this had been done to provide revenue in the form of interest.

But Turner disagreed with the audit's contention that an accounting of trust money should be made to the Fulton County Commission.

"This money is given Grady, usually in bequests, to be used for specific purposes or, in some cases, to be used at the Authority's discretion," he said.

We attempt to use this trust money to do things deemed desirable by the board, but which are not an obligation of the taxpayers.

"The disagreement I have with the auditors is that we wouldn't be true to our trust if we threw this money in with our operating accounts. It has been left to us for purposes over and above usual operating purposes, and it should not be utilized for operating purposes."

Turner deemed a "silly statement" in the audit's contention that no control is exercised over

the Grady budget once it is adopted.

"I sit down every month with the superintendent and the comptroller and we go over each item," he retorted.

## A \$35,000 Report

# 'GUARDIAN ANGEL' GRADY HAS POOR PUBLIC IMAGE

By JOHN PENNINGTON

Down in the depths of the multistoried "fat guardian angel" that is Grady Hospital, behind the one-way mirror that looks out from the office of Supt. Frank Wilson, the \$35,000 report by a New York consultant firm has a chapter dedicated to public relations. It speaks of Grady's poor "public image."

Out on the north side of Atlanta there is a mother who can help explain that phenomenon, which has a basis deeper than newspaper reports. A small child, a year and a half old, picked a couple of tomatoes from a backyard garden and ate from the forbidden vegetable, which had been sprayed with poison. The mother was frantic. What was the antidote?

SHE TELEPHONED an entomologist, who told her there was a "poison center" somewhere, maybe at Emory University Hospital. She telephoned Emory, and they referred her to Grady. She telephoned Grady, her concern growing by the moment. "I would like to speak to someone in your poison section, or division, in your emergency room," she said.

"White or colored?" a dispassionate voice answered. "I can't see what it mattered," said the mother, "whether the child was pink or blue. I wanted to know what to do about the poison."

The result turned out good, however. The mother was connected with the "poison center," and she got the information she so desperately wanted. And now that the press of the moment is removed, she can laugh about the whole thing. She realizes the hospital has two emergency clinics—one for whites, one for Negroes. Per-

haps the question was necessary.

BUT THE POINT is that this little incident, necessary or not, had a bearing on Grady's "public image."

And this reference to the public view of Grady, big dispenser of charity medical care to the indigent of Fulton and DeKalb Counties, points back to March, 1959, when The Atlanta Journal ran a series of controversial stories in which patients complained about the quality of care they received at the big hospital, a matter also bearing heavily on Grady's image.

The articles received a chilly reception from individuals in control of the hospital's patient care, who left the inference that, complaints to the contrary notwithstanding, the indigent sick were getting "the very best possible care."

Nobody has been promoting the findings publicly, but the aforementioned consultants' report on Grady confirmed the general text of patient complaints—that patient care in the clinics primarily, emergency and out-patient, was subject to improvement—and quietly got something done about it.

THE REPORT was returned to Grady's guiding fathers in February. It was publicly explored as to content only during the past two weeks.

The report itself was delivered in language calculated to point up deficiencies without making anybody mad. With skillful strokes the consultants painted pictures, one after another, of areas needing improvement, then just as skillfully smoothed over the rough brush marks with periodically emitted paragraphs of praise.

The newspaper articles referred to earlier quoted patients

on their experiences in emergency and out-patient clinics. The consultants' report said: "Most complaints stem from care provided in the out-patient and emergency clinic areas."

ONE ARTICLE quoted a Negro man whose wife died in the emergency clinic after waiting several hours and without having been seen at all by a doctor.

The consultants' report said nursing in the Negro emergency and out-patient clinics was "insufficient" in that only about seven minutes of nursing time was available to each patient who came in. This amount was called "insufficient to provide quality patient care" and not enough to allow doctors to properly utilize their time with patients.

That situation has now been remedied, according to the hospital authorities who turned a cold shoulder on the original reports. Additional nurses have been put in to help doctors utilize their time better.

The articles of a year and a half ago pointed up a lack of full-time professional supervision in the clinics. Overworked interns found the pressure of decision-making heavy on them. Some patients were sent away with seriously broken bones and other injuries and defects undetected by examination or laboratory tests.

## Fresh Look At Pavilion Under Way

A study of Hughes Spalding Pavilion was launched Monday by Scott Candler, Fulton-DeKalb Hospital Authority member charged with taking a "fresh look" at the 125-bed hospital for Negroes.

A committee headed by Candler is to make suggestions about severing the pavilion from Grady Hospital administration. Independent operation of the pavilion was the recommendation of consultants hired by the authority.

### CHECKS FILES

Candler spent several hours reviewing the Spalding files maintained at Grady and then made a tour of the pavilion.

"I can tell this thing will take a lot of time," said Candler, "because no one really knows what is the best thing to do."

Referring to cracked glass walls in the pavilion's operating rooms, which some sources have deemed threatening to health, he commented:

"I saw the cracked glass and about the only thing to say is that I'd get it fixed tomorrow."

Candler said he planned to meet soon, probably Wednesday, with other committee members, I. Carl Milner and Walter R. Thomas.

The committee was appointed last week by authority chairman Fred J. Turner, who responded to the hospital study and an increasingly vocal group of Atlantans interested in independent operation of Spalding.



# Fund-Raisers Are Told Of Provident's Story

*Chicago Defender* *Chicago, Ill.* *P. 11*  
*Sept. 8-27-60*  
 The child was crying and his mother was close to tears. He had swallowed laundry bleach and doctors in the Provident Hospital emergency room worked to ease his pain. Lucky for this tot that quick, skillful help was within close reach. The increasingly heavy caseload of this emergency room, which handles a case every 15 minutes and has the second largest patient load in the city, must be underwritten by the current Provident Hospital fund drive. This is what visiting Illinois Bell Telephone Company men — among businessmen spear-heading the communities division of the drive — were told as they toured the hospital to see how funds would be used.

**\$125,000 GOAL**  
 The campaign for \$125,000, which opened June 17 and closes Sept. 6, is lagging. The 200-bed hospital admitted nearly 9,500 patients in 1959, cared for more than 36,000 emergency cases, delivered over 2,000 babies, and provided medical services for nearly 2,500 patients who made almost 10,000 visits to the out-patient clinic.

All of these cases needed medical care, but not all could pay for it, according to Clyde L. Reynolds, executive director of the hospital, who emphasizes service to the community. A cross-section of Chicago businessmen, including those from the phone company, are giving thousands of hours of their time to make the hospital's needs known to community groups, organizations and individuals.

**FUND LEADERS**  
 Illinois Bell men serving as fund leaders are E. G. Schermerhorn, Park Ridge, general traffic manager, who is vice-president of the hospital's board of trustees; R. T. Halladay, Hinsdale, south division traffic manager; Don Burg, Elmhurst, division traffic supervisor; Vernon B. Williams, jr., 7026 S. St. Lawrence ave., manager for this tot that quick, skillful help was within close reach. N. Hoyne, commercial assistant; Eugene Porter, 4700 S. Drexel blvd., communications maintenanceman; and Cyrus E. Johnson, 3445 S. Rhodes ave., commercial assistant.

Other Illinois Bell men and women serving the drive under the leadership of these campaign leaders include:

Robert J. Grabenhofer, Howard Munn, William O. Damrow, of Homewood, Paul M. Bylina, Percy Richardson, Mrs. Rilla Morgan, William Cheehan, Donald Reinhart, John Kidd, Leonard Newkirk, Andrew Childress; Nat McGill, Barbara White, R. C. Culbertson, J. F. O'Loughlin, J. R. Johnson, J. W. Bishop, W. R. Day, Barbara Farland, Rose Gregg, Mercedes Turner;

Jackie Watson, Kenneth N. Lundeen, Denise Robinson, Carrie Haithcox, Muriel Glenn, Cyril J. Deitch, Bobbie Byas, Barbara Lewis, Bob Johnston, and James Eddy.

Raymond Jenen, Peter Gillespie, Arthur D. Nance, Charles Burke, Sheadrick Tillman, Robert Woods, Jackson Casey, Vernon Feaman, Jessie Jeffries, Marshall Williams, Howard Bailey, James Baltimore, Amos Meredith; James Tyus, Edward Ware, Ruth W. Mooney, Cleo C. Porter, Caroline Rogers, Darwin Allen, Al Tysiak, Arthur Duran, William J. Callan, J. J. Lord, Charles A. Keyes, Irvin B. Blanchett, Violet Shipe, and Trevor Beste.



# Hospitals Integrated By Kentucky Baptists

*Louisville, Ky.  
June 11-12-60*  
Nursing School Also Opened To Negroes;  
Action On Food, Lodging Places Shelved

By ORA SPAID

The Courier-Journal Religion Editor

Kentucky Baptists voted decisively yesterday to open their hospitals and School of Nursing to Negroes.

And almost as decisively they voted down a resolution that would have put them on record as favoring the opening of all hotels, motels, and eating places to people of all races.

The action was taken at a conference of the General Association of Baptists in Kentucky. Messengers to the conference also elected a new association moderator, the Rev. Verlin C. Kruschwitz, pastor of Elizabethtown's First Baptist Church.

Both the resolution on hospitals and the one on hotels and restaurants were introduced by the Rev. Henry Beach, pastor of Louisville's Ninth and O Baptist Church.

Former President Harry S. Truman apparently was the subject of remarks on "genuine church discipline" at the Baptist convention. Story on Page 18, Section 2.

The vote to integrate Baptist hospitals came after an unsuccessful attempt was made to refer the matter to the General Association's executive board.

## 'Christian Principle'

Mr. Beach presented his proposal as "a matter of Christian principle" and pointed out that "to the best of my knowledge, Kentucky Baptist Hospital in Louisville is the only one which does not admit Negroes... the new Methodist hospital does, three Catholic hospitals do."

The move to refer the matter was presented by the Rev. Hankins F. Parker, pastor of First Baptist Church, Paducah. He said:

"We can all heartily endorse the principle, but that's not the question. It is a question of ways and means."

He warned that "whatever is done in integration will do great injury to our hospital program" and advised that the matter be dealt with by the executive board and the association's Hospital Commission.

## Integration Vote Emphatic

But there was no mistaking the mood of the body to vote for integration of the hospitals. They repeatedly voted down amendments and substitute motions until the motion for integration was left before them. This they approved with a resounding chorus of "aye."

Mr. Beach said he presumed the vote meant that integration would take place immediately at Kentucky Baptist Hospital here, at Central Baptist Hospital in Lexington, and Western Baptist Hospital in Paducah. The School of Nursing to be integrated is at Kentucky Baptist Hospital here.

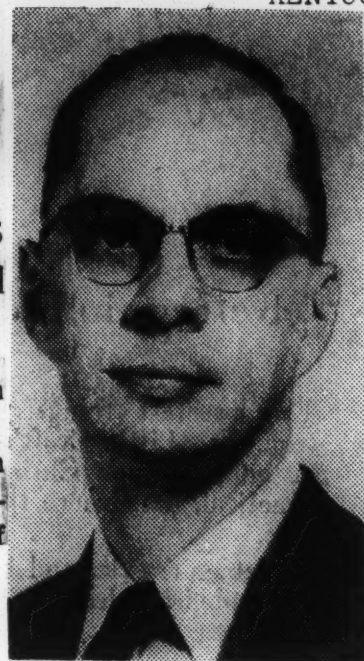
It was pointed out during the debate that Central Baptist in Lexington is now partially integrated.

## Jurisdiction In Question

The messengers' vote against favoring the opening of hotels and restaurants to Negroes turned on the question of whether the denomination was legislating out of its province.

This became evident when a messenger asked for the floor after the vote "to make it clear that we are not voting against integration, but merely that this is a matter better left up to the people who operate such establishments."

Mr. Kruschwitz was elected association moderator in a runoff vote over the Rev. Harold



MR. KRUSCHWITZ

Kentucky Baptist moderator D. Tallant, pastor of First Baptist Church, Madisonville.

Mr. Kruschwitz was not in the auditorium at St. Matthews Baptist Church when his election was announced. He had been nominated by the Rev. Franklin C. Owens, pastor of Calvary Baptist Church, Lexington, who said that he had told no one, not even Mr. Kruschwitz, that he was going to put his name in nomination.

## 3 Others Nominated

Others nominated for moderator were the Rev. E. Keevil Judy, Harlan; the Rev. Thomas H. Shelton, Covington, and the Rev. Jess Moody, Owensboro.

Mr. Kruschwitz succeeds Dr. Rollin S. Burhans, president of the new Kentucky Southern College.

Elected first assistant moderator was Mr. Owens of Calvary Baptist Church, Lexington. Second assistant moderator is Dr. Carroll Hubbard, pastor of the host church.

## Secretary Re-Elected

Re-elected secretary was George Raleigh Jewell, Louisville, writer for Western Recorder, the Baptist weekly publication, and again the assistant secretary is Dr. Leo T. Crismon, librarian at Southern Baptist Theological Seminary.

The 1,000 or so messengers also approved a survey report that made several organizational changes, including a change in name from the General Association of Baptists in Kentucky to the Kentucky Baptist

Convention. The head of the convention would be called "president" rather than "moderator," but officers were not sure when the changes would take effect.



19d 1960

LOUISIANA

# Hospital Week Observance

## To Begin On Mother's Day

Flint-Goodridge Hospital's wonderful way patients were treated joins other institutions throughout the United States and Canada in observing National Hospital Week, May 8-14. An event sponsored annually by the American Hospital Association, Hospital Week's 1960 theme is, "Many hands and many skills".

Since Hospital Week begins on Mother's Day, the Flint-Goodridge observance will place special emphasis on how these many hands and many skills have made Motherhood a healthier and happier experience.

C. C. Well, Flint-Goodridge Administrator said, "The modern hospital's roll in making Mother's Days happier is concentrated in the institution's Obstetrical Department. Led by Medical Science we have come a long way from the time when babies were delivered at home by Mid-wives.

The national mortality rate for pregnancy and childbirth in 1942 was 2.2 deaths per 100,000. Today's statistics, less than .4 deaths per 100,000 underscore the modern hospital's contribution in making Motherhood a healthy, happy experience.

The administrator pointed out that nursing, a vital adjunct to hospital care since Florence Nightingale, is no longer just bedside care. The modern Obstetrical Nurse has knowledge, skills and responsibilities her 19th century counterpart never dreamed of.

Many patients are aware of these improvements and appreciate the full significance of the part the hospital plays in safeguarding their health. A typical example is Mrs. A. St. Julien, who entered the hospital recently to have food service, housekeeping, laundry, clinical laboratories, X-ray, Physical Therapy and Nursing has been made available as a result of Flint-Good-

## Job Opportunities At Flint Goodridge Hospital

Flint-Goodridge Hospital's expansion means new job opportunities for Negroes qualified for top administrative, technical and supervisory positions. This is the first article in a two part series on the hospital's broadening personnel picture.

Negroes with specialized training in health careers can find not only new job opportunities at the expanded Flint-Goodridge, but also greater opportunities for professional growth.

The hospital's new addition, a modern four story wing adjacent to the present structure, is scheduled for completion next month. The old building is also being modernized. Total bed capacity will jump from 83 to 150. All diagnostic services will expand and a new physical therapy department is being added. The project will almost double the hospital's size, creating new jobs in virtually every department.

More important than the number is the kind of jobs this undertaking makes possible.

Negroes have had little or no opportunities for local employment in administrative, supervisory and technical positions. Top management posts in business administration, personnel, food service, housekeeping, laundry, clinical laboratories, X-ray, Physical Therapy and Nursing has been made available as a result of Flint-Good-

ridge Hospital's growth. A number of qualified persons have already been placed in these jobs and others will be added in the immediate future.

Top priority is being given job applicants for the administrative, supervisory and technical posts because responsible community leaders point out that we have produced individuals to fill these jobs, but too often they migrate because of the city's limited employment outlets. A vast amount of Negro talent, whose development is subsidized by taxpayers through schools, parks and playgrounds, is lost each year.

Once they acquire the skills to make this investment pay off, our native sons have sought opportunity away from home. With their abilities and their earning capacities, they shower benefits on and buy the economies of the communities in which they settle. The overwhelming majority of Negroes who become civic leaders in the metropolitan areas of the east, the north and the west are native-born Southerners; many of them Orleanians.

But the expanded Flint-Goodridge Hospital does more than provide employment for these professional men and women. It also gives them the means to reach their full potential in professional growth. Advancement is based on qualifications, and race is not a factor. A qualified Negro Physical Therapist can head his own department at Flint-Goodridge; he

need not work under someone else all his life. A graduate nurse can look forward to greater job satisfaction and earnings as a head nurse, supervisor, or as Assistant Director of Nurses as soon as she merits the promotion...

Flint-Goodridge Hospital offers us good health, opportunity, and dignity all in the same package; a combination we have desired and have been denied for a long time. It is a first class facility for first class citizens -- men and women ready to enter the front door for their room reservations or their job interviews.



19d 1960

MARYLAND

## To Name New Hospital For Campanella

CROWNSVILLE, Md. — (ANP) A new \$150,000 rehabilitation facility at the Croknsville State hospital will be dedicated on August 20 as "The Campanella Building" in honor of Roy Campanella, former all-star catcher of the Los Angeles Dodgers.

Campanella, an outstanding example of successful rehabilitation after his crippling automobile accident of 1958, is now a scout for the Dodgers as well as a radio-TV sports commentator for B. Ballentine and Sons. He will be present for the 10 a.m. ceremonies.

Dr. Charles S. Ward, Crowns-ville superintendent, described the choice of Campanella's name for the new building as the result of numerous suggestions by the hospital staff. "I agree," he said, "that there could be no more appropriate name chosen for this particular building. There is no possible way to measure the ultimate good effect on the many, many sick people in this hospital who will be stimulated and motivated by Mr. Campanella's presence at the ceremonies."

The new Campanella Building contains a large gymnasium, shop and activity areas, a canteen and offices for members of the hospital's rehabilitation department. It is the newest of a large hospital complex which carries a continuous patient load of approximately two thousand persons receiving treatment for mental illness.



19d 1960

MISSISSIPPI

# Nursing School For Negroes Is Requested

*Jackson Daily News*  
*Jackson, Miss*  
*Wed. 10-26-60*  
Four Negroes — two physicians, a minister and a pharmacist — appealed to Gov. Ross Barnett yesterday to place a state-owned nursing school at a Laurel Negro hospital.

The Negroes asked for aid in locating a nursing school for Negroes at Southeastern Benevolent Hospital in Laurel.

The 40-bed hospital was built with funds contributed by Negroes five years ago.

Dr. H. L. Knaive, a hospital staff member, said Gov. Barnett indicated he was in favor of the proposal.

The governor referred them to Dr. E. L. Jobe, executive secretary of the state college board.

The delegation, in addition to Knaive, included Dr. T. J. Barnes, Rev. I. L. Thomas and pharmacist I. L. Thomas.



19d 1960

NORTH CAROLINA

# Charlotte Hospital Integrated

*Washington Post*  
WASHINGTON (AP) — A new hospital wing being constructed in Charlotte, N. C., with federal aid funds will be operated on a nonsegregated basis, a Welfare Department spokesman said today.

The spokesman said Charlotte Memorial Hospital and the North Carolina State Medical Care Commission had so assured Secretary of Welfare Arthur S. Flemming.

Flemming had asked that state agency to look into a complaint by the National Assn. for the Advancement of Colored People. The NAACP had charged that the Charlotte hospital discriminated against Negroes, but was receiving federal hospital construction funds.



19d 1960

OHIO

# Move To End Hospital Bias

*Chicago Recorder*  
*Chicago Daily*  
COLUMBUS, Ohio — The NAACP branch in this city is moving to end racial discrimination in all local hospitals.

In a letter to the Columbus Hospital Federation, Barbee William Durham, Columbus NAACP executive secretary, charged that complaints of racial discrimination centered around "admittance practices and the maintenance of special areas within the hospital for Negroes."

Durham urged that a new policy for all Columbus hospitals be developed to eliminate (1) inquiries as to race when a doctor calls seeking admission of a patient, (2) the maintenance of any special quarters for Negroes.



19d 1960

OKLAHOMA

## 'Lack of Patients' Brings End to 12-Year Institution

*The Black Dispatch*  
*Oklahoma City, Okla.*  
The Edwards Memorial hospital at 1624 N.E. Grand Blvd. will number among buildings "For Sale or Lease" comes Friday when the 12-year-old institution closes its doors on its last patient. *Fri 10-7-60*

The announcement came from W. J. Edwards, owner and administrator, who said the decision to close the city's lone Negro hospital was due to lack of patients. The Friday closing will bring an end to the Edwards' dream which was realized in an April 1948 ceremony that was nationally and internationally publicized.

Edwards and his late wife launched the \$441,000 project as chief benefactors from wealth accrued by Edwards as a junk dealer. Of the \$441,000 expense, Edwards donated \$400,000 from personal funds, with the remainder coming from a federal grant.

He started the institution with high hopes of serving Negro health needs, but has been besieged by adversities throughout the hospital's existence. A 105-bed institution, the maximum capacity of the hospital has never been taxed by incoming patients. At its height, the hospital has never been one half filled. One wing of the hospital has been closed since 1954.

### Tried Several Plans

In the history of the institution, several plans were advanced to keep the building open. A plan to convert it into a county hospital in 1954 failed because of financial and staffing problems. Later, plans to install a practical nursing school and the idea of a Catholic sisterhood taking over the administration did not materialize.

The Edwards story is an inspiring one. The hospital benefactor and successful real estate promoter began his career as a \$9-a-week employee in a junk yard. He learned the business well as was later evidenced in his launching the successful American Iron and Metal company on Main street.

He launched the Edwards housing project in 1937, marking the first time in the history of the country that a Negro residential area was approved for FHA benefits. Located between N.E. 10th and 20th, Page and Bryant, the section brought homes of comfort to area residents at minimum

cost.

The dream of the hospital came later. It followed a then all too common situation of the Negro's medical plight when in need of hospital services. When Mrs. Edwards became seriously ill and in need of an operation in 1945, the only facilities available to her were a crowded six-bed basement room of one city hospital. Taxed to its capacity, Edwards had to rush his wife out of the state for treatment.

In the past two years, Edwards has been assisted in the hospital's administration by Mrs. Novella Waldrop, niece, and Mrs. Maxine Johnson, daughter. Prior to this time, the late Mrs. Edwards had directed most of the work of the hospital.

Active in civic work, Edwards plans now include fulltime work in administering his real estate. He is a member of the Calvary Baptist church where he has worshipped for more than 40 years. His affiliations include memberships in the Urban League, YMCA and NAACP.



19d 1960

TENNESSEE

# Hospital Admits Burned Baby After White Grocer Calls

By STANLEY S. SCOTT

MEMPHIS, Tenn.—(SNS)—

Little Willie Marvin Gant, two years old, was rushed to John Gaston Hospital Friday night by his mother, Mrs. Josie Mae Gant, 1294 N. Watkins, after receiving multiple burns about the body when a connected pressing iron fell on his stomach.

Mrs. Gant stated that "Willie must have tangled his arms or legs up in the ironing cord that was on the foot of the bed and pulled the connected iron over on his body."

Mrs. Gant arrived at the hospital "about 1 a. m., Saturday and waited until 5 a. m., before they gave my crying baby a shot." "They told me to bring the kid back Tuesday and that my kid wasn't burned bad enough to put anything on him," Mrs. Gant statement declared.

## WILLIE BLEEDS

Mrs. Gant, mother of seven children, stated further that "I carried Willie home and sat up with him all day Saturday, and he started swelling and bleeding." "I didn't know what to do, so I went to Mr. Walter Doxey's Drive-in grocery down the street, he is the white landlord who owns the house we live in, and he called John Gaston hospital and talked with Mr. Robert C. Hardy."

Mr. Hardy is administrative head of operations for John Gaston. Mr. Doxey stated that after he talked with Mr. Hardy, "permission was granted to bring the child to the hospital Sunday." Mr. Doxey further stated that "after the mother arrived with the child at 2:30 p. m., Sunday there was no service given this child until 6:30 p. m."

## DOXEY'S STORY

Mr. Doxey said that "after the people seemed reluctant to put the child in the hospital, I told them, 'if your child was burned this bad you would have him in the hospital.'" Doxey stated that one of the interns told him, "we don't even have goss bandages to treat all our cases, and we only have three pair of scissors for this entire ward."

Mr. Hardy, when contacted at the hospital by this reporter stated that "the Gant case was handled

in the very best possible manner. The area of burns jurged by the physician on duty was only 5 per cent of the body and the patient was not infected." "The doctor felt that the patient could have been treated with open care," stated Hardy.

Mr. Hardy stated "that the infant child had first, second, and third degree burns and one or two spots will have to be grated in a few weeks." We put the patient in the hospital to make the family happy. The room expense is \$22 per day and the mother could give the child proper treatment at home," Hardy said.

Presently John Gaston is allocated \$16,375 per month and additional funds have been requested from the City Commission. The yearly operational budget is \$3,766,000.

Mr. Hardy states that Little Willie has very little fever and is in excellent condition.



## DOCTOR BIDS SOVIET JOIN HEALTH 'YEAR'

A leader in world mental health left for Moscow yesterday to persuade the Russians to participate in World Mental Health Year in 1960.

Dr. Frank Fremont-Smith, co-chairman of the International Committee for Mental Health Year, said at Idlewild Airport that he was optimistic from preliminary talks with the Russians that they would take part.

Dr. Fremont-Smith, who has already made one visit to Moscow on behalf of the project, said he was going to "try to clinch it on this trip."

"It would be tragic not to have the Soviet Union participate," he said. "We must build areas of trust between us. There should be mutual co-operation in such projects."

Dr. Fremont-Smith, who was invited to the Soviet Union by Prof. P. K. Anokhin, director of the Institute of Physiology in Moscow, said that Russian officials had already shown "considerable interest and enthusiasm." He said that if the Russians agreed, it was quite likely that the satellite countries would join.

Mental Health Year is an eighteen-month campaign to focus on six study projects: the needs of children; national attitudes on mental health and illness; teaching principles of mental health; mental health and sociological aspects of industrial change; psychological problems of migration and mental health problems of older people.

It is being sponsored by the World Federation for Mental Health, which consists of 116 organizations in forty-three countries.



## Health Trend

*The Montgomery*  
*Whereas Polio Formerly*  
*Admired Slums, It*  
*Now Hits Them*  
*Jan. 5-6-60*  
 Science Ed. Earl Ubell

In The New York Herald Tribune

LAST week a federal health officer told how paralytic polio had switched its target with the advent of Salk vaccine from well-to-do, clean neighborhoods to the slums and tenements of crowded cities. Among others, the disease now concentrates on Negroes, who once had a kind of natural immunity against paralysis. In some areas, the case rate among Negroes was four times higher than it ever was among the whites. In those same areas a Negro polio victim has been a rarity.

Part of the reason for this changing pattern lies in the apathy of the nation's poor toward getting the full four-shot course of Salk vaccine. Their communities have become islands of non-vaccination in the surrounding ocean of an immunized population.

Dr. E. Russell Alexander, the United States Public Health Service's chief polio watcher, who drew the new polio diagram, showed how lack of vaccination could lead to outbreaks. More than four-fifths of last year's 5,000 polio victims were unvaccinated or incompletely vaccinated.

Also, the lack of vaccination accounts for the disease's getting back its old name: infantile paralysis. While the average age of the victim had been rising in pre-Salk years, 1959's hardest hit group were among the one-year and two-year infants. They have been largely left unvaccinated.

### THE BIGGEST MYSTERY

But the big mystery surrounds the low-income Negroes. What happened to the immunity this group once had? Has the polio virus been changed by the nationwide vaccination? Has the environment changed?

The subtlety of the puzzle can be appreciated by understanding how the low-income groups got their immunity in pre-vaccine days. They lived in crowded, dirty urban areas. As a result of insanitary conditions, virus diseases spread easily from person to person.

Polio virus itself may be borne by flies, although researchers are not sure what role they play in an epidemic. However, the virus has been isolated from insects. In any case,

since the polio viruses easily move Negro immunity.

Whatever the reason, Dr. Alexander called for an intensive study of the polio virus and how it spreads through the nation. At the same time, he called for vigorous vaccination programs, particularly among young children and low-income persons.

Dr. John R. Paul and his co-workers at Yale University first showed how this could happen when they studied the disease in Egypt. They found tell-tale polio antibodies in the blood of almost all Egyptians. These blood substances are made by the body in response to an infection.

However, there never seemed to be epidemics of paralysis. Why? Most of the active infections were among infants. Polio doesn't paralyze infants as severely as it does older children and adults.

### FROM THE MOTHER

Furthermore, since the mothers also had antibodies from prior bouts with the virus they passed some of them through the umbilical cord to the infants. Even though polio antibodies from the mother disappear in several months, they may have been enough to protect the infant against a severe polio infection in that period. After that they were immune by virtue of their own antibodies created against the infection.

The American Negro and other low-income groups appeared to have been in the same position as the Egyptians. Infected as infants, they were protected against paralysis and carried the immunity for a long time. The well-to-do, on the other hand, protected by hygiene against all infections, never got this immunity. They were polio-infected later in life with disastrous paralysis for many.

Why has the Salk vaccine now broken this pattern? It is clear that the killed virus vaccine now protects the middle and upper income groups who are the most thoroughly vaccinated in the population. But it doesn't stop the polio virus from invading their bodies, multiplying and being excreted. They are protected only against the paralysis.

This means that the Negro appears to have just as great an opportunity to be infected at an early age as he ever did. Vaccination has not driven the virus out of the cities. Yet there appear to be a growing number of susceptible Negroes.

### THE POSSIBLE ANSWERS

Many answers can be suggested. Perhaps sanitation and slum clearance projects have reduced opportunities for virus spread. Dr. Alexander suggested, without proof, that the virus changed physically because so many persons are now vaccinated.

It is also possible that while a vaccinated person can excrete virus, the amount he passes out may be reduced. This could slow the spread of infections to the unvaccinated groups. Any change in pattern could reduce



# City Health Head Gives Polio Shots in Sunday School



Diane Bright, 5, bracing for polio shot being administered by Dr. Leona Baumgartner, Health Commissioner, yesterday at Mother of Zion Church, African Methodist Episcopal.

The Department of Health opened a new program yesterday to inoculate pre-school children against polio by giving free polio shots after Sunday School classes. Health Commissioner Leona Baumgartner helped give the first shots to a class at the Mother of Zion Church, African Methodist Episcopal, 146 West 37th Street.

Dr. Baumgartner said 50 per cent of the 170 cases of polio in the city last year were children under 5 years old. She noted that the polio season generally runs from mid-July through September. About 100 children and adults received shots yesterday in the basement of the church. A few of the smallest children cried when the needle was inserted, but they all admitted it was more fright than pain.

Miss Minnie A. Sanders, director of the Sunday School, said the children had been very cooperative in volunteering to take shots last week.

Several mobile units will visit various Sunday Schools throughout the city, in addition to the regular vaccine distribution centers, Dr. Baumgartner said. The Department has already given 414,518 free shots this year.

## Foundation Charged With Improper Acts

Sister Kenny Group Misused Fund, Says Official

ST. PAUL, Minn., June 27.—Minnesota Atty. Gen. Walter F. Mondale charged Monday that

funds had been improperly diverted from the Sister Elizabeth Kenny Foundation to fight polio.

He said he was considering means of recovering money contributed from throughout the nation to the Minneapolis-based foundation.

In a long-awaited report on the foundation's financial operations, Mondale said:

—From 1952 through 1959 the institute received 19.5 million dollars in public mail contributions, but spent more than half that amount—11 million dollars to prepare and mail the appeal letters.

“Another \$460,000 went for processing the contributions received,” Mondale said, so that the foundation itself got only 40.9 per cent of the funds.

—That Marvin L. Kline, former foundation executive director, apparently “dominated and

controlled the management of the foundation to an extent he was enabled to derive unconscionable personal profit from his position.”

Kline, former mayor of Minneapolis, in 1946 became executive director of the foundation set up to further the polio-combating techniques of the late Australian nurse, Sister Elizabeth Kenny. His starting salary was \$12,500 a year. He was receiving \$48,000 a year when he resigned early this year when the investigation of the foundation began, Mondale's report said.

## Polio Fund Owes \$2,000,000; Asks Hospitals to Defer Debts

The National Foundation reported yesterday that the failure of recent fund-raising campaigns had left it in dire financial straits.

“If we had to pay everything we owe, we'd be broke,” said Charles Massey, national director of chapters.

The foundation attributed the drop in contributions to a decline in public concern about poliomyelitis since the development of the Salk vaccine.

It has asked hospitals over the country to permit deferred payments on \$2,000,000 it owes for the care of polio patients over the last three years.

Hardest hit in the financial squeeze are chapters in Boston, Los Angeles, Houston, Cincinnati, Detroit and Chicago. The national office said that it was guaranteeing payment of the debts and that most of the hospitals had agreed to extend the payments up to five years.

Emergency funds used by the national office to help chapters pay for patient care have been exhausted, Mr. Massey said, and other chapters with surplus emergency funds are being asked to help reduce the debts of chapters in areas hit by polio outbreaks.

Special fund drives also are planned for the affected areas this summer.

The foundation, formerly known as the National Foundation for Infantile Paralysis, said public contributions had dropped more than 50 per cent from a high of \$68,000,000 in 1954, the year before the development of the Salk vaccine.

Last January the “March of Dimes” campaign raised \$31,300,000 of the \$65,000,000 goal, it said.



# UGF Helps Pay for Funeral of Child, Bulbar Polio and Pneumonia Victim

husband separated again. She  
Eight-year-old Michael Borden set out to find a job but no  
den had it rough enough in one would hire an expectant  
his brief lifetime, and for another. Behind in the rent on  
while yesterday it appeared the house she shared with her  
that death was going to prove mother and sister, she turned  
vide an encore. to the Travelers Aid Society.

Until three United Givers Three weeks ago, the So-  
Fund agencies went into ac-tiety found her a job as a maid  
tion, Michael's mother, Helen for a kindly woman in north-  
Borden, 29, of 3015 16th st. ne., west Washington.  
did not know where the mon- Learning of Mike's sudden  
ey would come from to pay death, Travelers Aid officials,  
for her son's funeral. the Salvation Army and the

Mike, stricken by a paralyz- Health and Welfare Council—  
ing attack of bulbar polio two all UGF agencies—went quick-  
years ago, died Tuesday at ly to Mrs. Borden's aid. The  
D. C. General Hospital of Salvation Army, with the help  
pneumonia and complications, of McGuire's Funeral Home,  
arranged for Mike's burial.

Mike's story actually goes Funeral services for Mike  
back three years when his will be held Saturday at Mc-  
mother and father were sepa- Guire's Chapel, 1820 9th st.  
rated in Tuskegee, Ala. Mrs. nw. Time and place of burial  
Borden, with two years at Vir- will be announced later.

The substation was closed  
later, however, and Mrs. Bor-  
den set out with her little fam-  
ily—Mike, Gerald, now 7; Ken-  
neth, now 5 and Donna, now  
4—for Hampton, Va. An aunt  
there had promised to care for  
the children while Mrs. Bor-  
den completed her college ed-  
ucation.

But en route to Hampton,  
Mike was stricken—paralyzed  
from the neck down. The Na-  
tional Polio Foundation  
stepped in and Mike was sent  
to the Eugene Talmadge  
Memorial Hospital in Augusta,  
Ga.

The hospital notified Mrs.  
Borden it had done all it  
could for Mike and thought he  
would be happier with his  
family. He kept asking for his  
father, they said.

Mrs. Borden, who then was  
working as a domestic in  
Westchester County, N. Y.,  
gathered up her brood and  
came to Washington. A recon-  
ciliation with her husband was  
effected last January.

In April, Mrs. Borden, who  
had become pregnant, and her



MICHAEL BORDEN

... his death posed problems



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INFANTILE PARALYSIS (POLIO)

Hit-run disease—

# Polio rises, falls mysteriously

BY NORMA GAUHN

AP Newsfeatures writer

Like any hospital patient, the nation has a medical chart of its own showing its fight against polio.

Let's go back 44 years to see the dramatic tale unfold:

In 1916 an epidemic of crippling poliomyelitis struck the country. Statistics were incomplete and only the most serious cases were reported in just 20 states. They showed a staggering 28,383 victims.

The death rate indicates the virulence of the attack: of the cases reported, 22.7 per cent were fatal.

Of 9000 victims in New York City alone, 2400 died; the majority of the rest were crippled for life. Nearly 80 per cent of those stricken were children under 5—giving the disease the name of infantile paralysis.

SO MANY PEOPLE fled in panic from New York, rigid restrictions were imposed on travel. The weather was hot and humid, but terrified residents stayed at home behind locked doors, believing the disease was carried by an airborne germ.

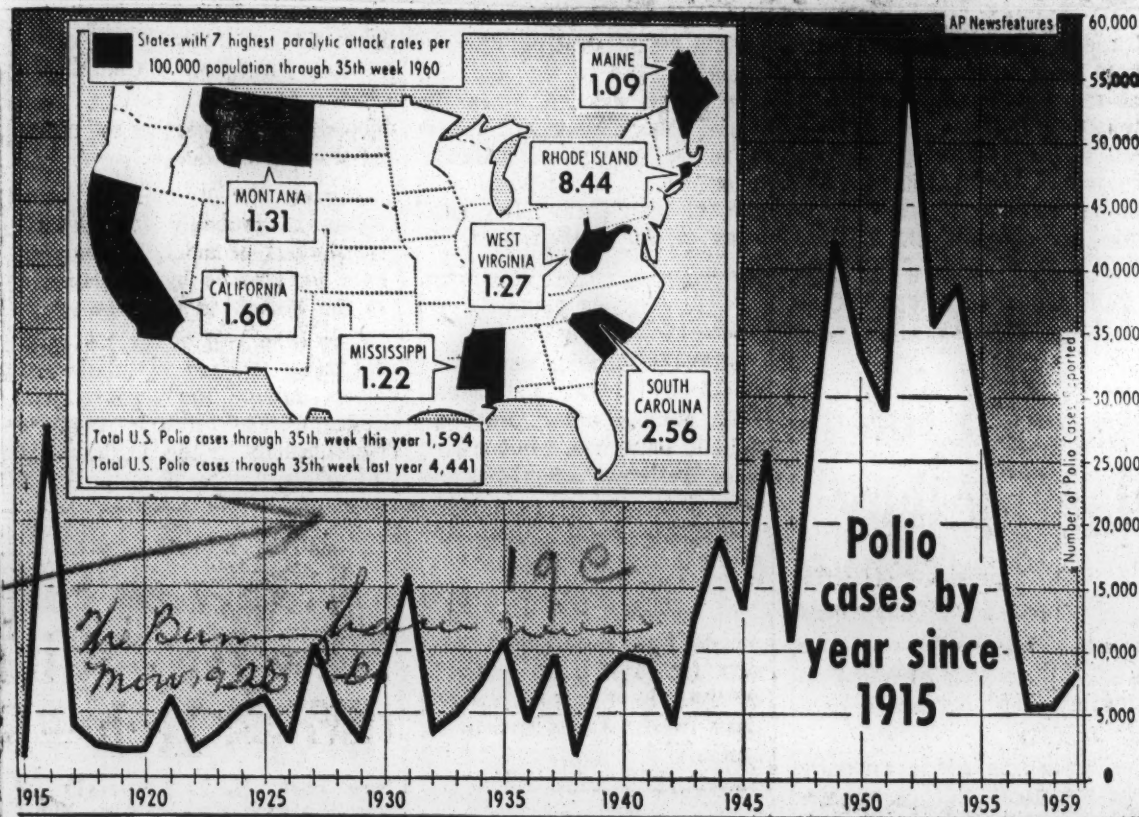
The next year, baffled physicians saw only 4174 cases reported. It was part of the mysterious ups and downs of the polio cycle. Thereafter, aside from minor epidemics, levels stayed well below the 10,000 mark—until 1944.

Then the polio case load began a devastating climb, as shown on the accompanying chart. In 1952 the disease struck 57,879 persons—a rate of 37.2 per 100,000 population. However, the death rate of 5.4 per cent reflected faster diagnoses and improved care.

In the polio year of 1952, the worst since 1916, Dr. Jonas Salk of the University of Pittsburgh, discovered a vaccine against the crippling killer.

HIS VACCINE was first tested in 1954. The next year it was declared safe and 80 to 90 per cent effective.

See what happened then on the



polio chart: In 1955, the case—among those who had not been load was 28,985; in 1956 it fell vaccinated or fully vaccinated to 15,140. And in 1957 came the with Salk vaccine.

dramatic drop to only 5485 cases. This year has seen a notable The total remained about the drop in polio with cases well be- same in 1958.

Last year, polio showed a slight figures: Through Sept. 3, 1960, upward trend to 8425 cases. But covering most of the "polio sea—the highest attack rates were on"—1594 cases. In the compara- ble 35 weeks of 1959—4441 cases. had a paralytic attack rate of

"WE WOULD HAVE to go back only .36 per cent.

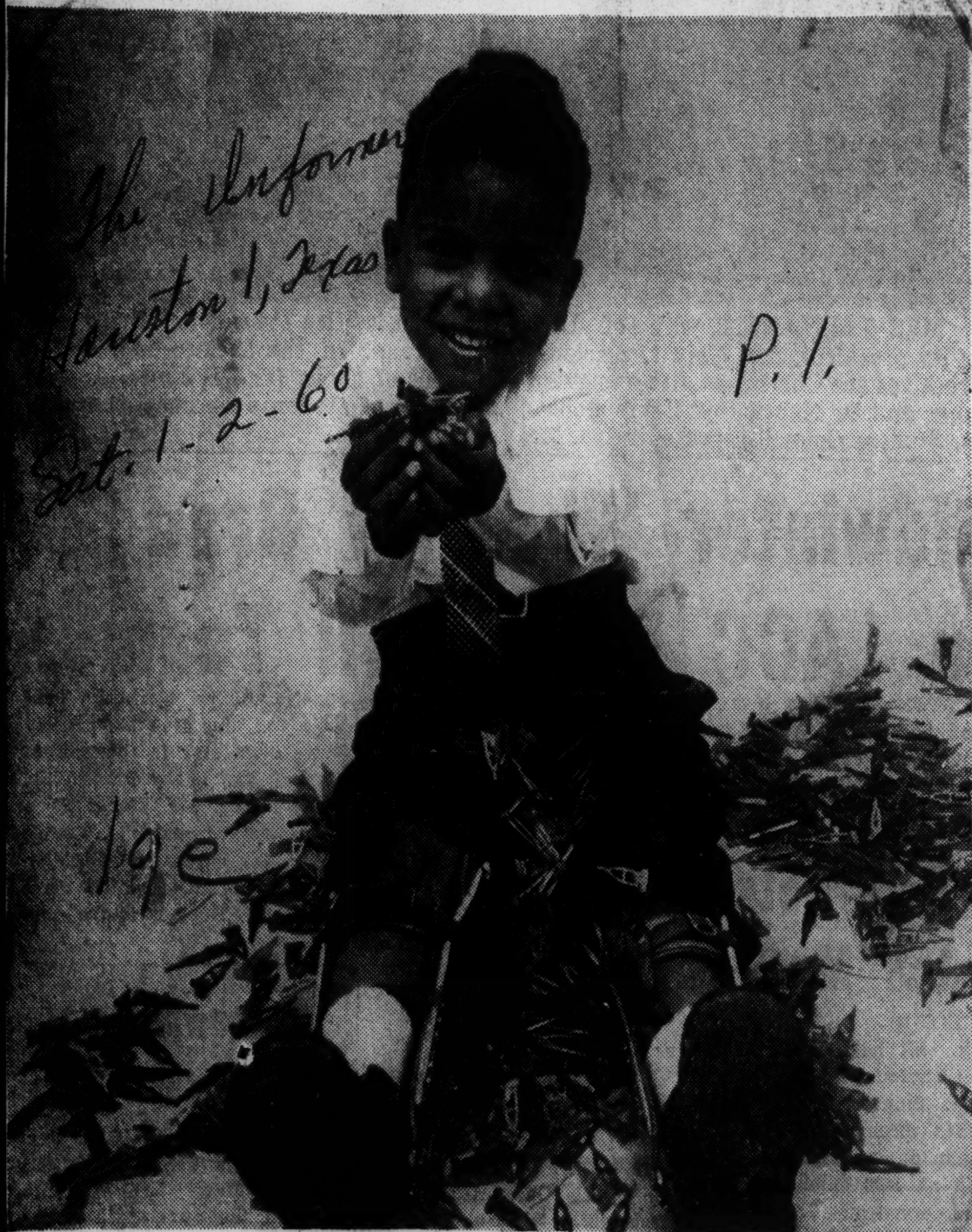
(to 1938) to find a lower case load," says Basil O'Connor, presi- dent of the National Foundation which spearheaded the fight against polio, "The total that year was 1705 cases."

Seven scattered areas show the highest paralytic polio at- tack rates this year. They range from Maine and Rhode Island in the Northeast to West Vir- ginia, Mississippi and South Carolina in the South, and Cali- fornia and Montana in the West.

Of all states, Rhode Island has been hardest hit with a rate of 8.44 per 100,000 population. But again indicating polio's hit-run nature—the same state last year



## To Start The New Year - 'Buy A Crutch'



Thanks to those who gave to help prevent crippling diseases little Darrell Atkins plays amid an array of plastic multicolored crutches which will be sold on Rainbow Crutch Day. Darrell is the new March of Dimes poster boy for 1960. To start the new year off in a

helpful direction, when you see the teen age and adult volunteers on the streets, remember Darrell and the thousands like him.

Join the New March of Dimes Jan. 2-31, and make it a Happy New Year for crippled children and yourself.

## URGE DIMES CAMPAIGN SUPPORT



Dr. Edward C. Mazique, Washington, D.C., president of National Medical Association; Mrs. Bettye Steele Turner, Tuskegee Institute, vice-president of Zeta Phi Beta Sorority; and LeRoy W. Jeffries, Chicago, president of National Association of Market Developers, urge your support of the New March of Dimes campaign against crippling diseases. With your support The National Foundation attacks crippling arthritis and birth defects as well as polio. Help prevent crippling. Join the New March of Dimes, Jan. 2-31.



**'MARCH OF DIMES' WILL HELP HER**—Maria Bryant, 4 years old, a victim of major birth defects of open spine and excess fluid on the brain (hydrocephalus), reads one of her nursery books in her home. Maria is a "surgical graduate" of Children's hospital in Columbus, Ohio. The National Foundation, with March of Dimes funds,

has just established the nation's first Birth Defects Study Center of its kind. The National Foundation's expanded health program embraces birth defects and arthritis in addition to polio. The "March of Dimes" campaign will be held in Jackson county and throughout the nation during the month of January.





## 1958 NEW MARCH OF DIMES AID

Basil O'Connor, president of the National Foundation, with Loretta Pagan, explains new targets of the New March of Dimes to Mrs. Marion Hughes, National Health Chairman of the National Business and Professional Women's Clubs. Loretta, born with paralysis caused by open spine, symbolizes the thousands of children crippled by birth defects, and arthritis as well as polio who will benefit from the New March of Dimes. Help prevent crippling diseases.



**DIMES VOLUNTEERS, COMMUNITY LEADERS** — Jack Stiles, former polio patient, now March of Dimes chairman of Savannah, Ga., and Mrs. Laura Jones, executive secretary of the Macon County (Ala.) chapter of the National Foundation visit with Mary Bently, polio patient at the Infantile Paralysis Center at Tuskegee Institute Hospital. Public-spirited citizens working in each local community are the unsung heroes who make the National Foundation possible. They not only raise funds necessary to care for patients, conduct research and provide scholarships and grants for education, but they also give freely of their time, administering to the needs of patients. Give of your time and resources to the New March of Dimes, Jan. 2-31.



**DR. EDWARD MAZIQUE**  
*Benjamin Wild*  
**ENDORSES DIMES DRIVE**

In his endorsement of the 1960 New March of Dimes, annual fund raising campaign of The National Foundation, Dr. Edward C. Mazique, Washington, D. C., president of the National Medical Association declared:

*1-9-60*  
"The National Medical Association endorses the program of The National Foundation. The New March of Dimes represents the addition of birth defects and arthritis to the program of poliomyelitis."

*1960*  
"In recent years much has been accomplished in the field of poliomyelitis as a result of the Salk vaccine. However, statistics indicate that the job is far from completion. Many individuals have not as yet received their vaccinations. A mass educational program in this regard is imperative."

"There is another vast area of need in eradicating the crippling effects of poliomyelitis, birth defects and arthritis. Efforts utilized in rehabilitation and the production of a useful citizen in the restoration of health is one of the major objectives of this program. Any organization geared to human needs is worthy of universal and unequivocal support."



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## Birth Rate Still Below 1959 Level

Ues. 7/26/60  
WASHINGTON (AP) — The U.S. birth rate in May, for the ninth consecutive month, ran below the rate of a year earlier.

The National Office of Vital Statistics Monday gave the tentative total of registered May births—subject to correction by the end of the year—at 335,000, compared with 338,000 in May 1959.

The office said that during the first five months of this year there were an estimated 1,676,000 births, 1.9 per cent or 1,709,000 fewer than those of the comparable 1959 months.

The number of births in May was only about 0.9 per cent below those a year earlier, but the rate dropped 2.2 per cent, from 22.6 to 22.1 per 1,000 population, reflecting an increase in the whole population.

For the five months ended with May the decrease in numbers of births was only 1.9 per cent but the rate fell from 23.5 to 22.5, a drop of 4.3 per cent.

### MARRIAGES UP

Marriages increased.

There were an estimated 120,000 in May, 3.4 per cent more than in May 1959. The rate per 1,000 population was 7.9 in May this year and 7.7 a year earlier.

From Jan. 1 through May there were an estimated 526,000 marriages, 3.7 per cent more than in the similar 1959 span. The rate was 7.1, up 1.4 per cent.

Divorces also continued the increasing trend which has prevailed rather steadily since 1958.

The office said the 1960 increase is mainly due to an increase of 93 per cent in Pennsylvania. That state reported 5,000 more divorces in the first five months of this year than it did in 1959. It was understood the increase might reflect more complete reporting rather than a stepup in actual decrees granted.

The 30 areas, which report divorces listed 15,998 in May, an increase of 6.3 per cent over the May 1959 figure of 15,055.

The cumulative divorce total for

the first five months of the year was 78,369. That was 6.2 per cent above the comparable 1959 figure of 73,764 and 13.9 per cent above the five-month total for 1958. ranged in an instant, we point



## COMBED JOURNALS

Realizing this, the slender Tuskegee Institute nursing graduate had a new work cut out for her. She combed medical journals published during the 1950-53 period in search of an already-marketed instrument that might solve the problem.

"I had in mind what I was looking for," she says, but confesses with a smile: "As I looked, I half-heartedly hoped I wouldn't find it. You see the idea was growing greater in my mind of devising an instrument myself."

When Mrs. Robinson could find no such support, she breathed a sigh of relief and one night in 1954 sat down at her dining room table with pencil and paper. A couple of hours later, she had completed the rough sketch and dimensions for the first amputation surgery limb support.

Allan G. Junier, VA scientific illustrator, smoothed her rough sketches.

L. W. Driver, chief of manual arts therapy at VA, converted the strokes into the instrument: a stainless steel base with U-shape supports of three varying sizes to fix the limb into position. It also forms a support for the stump to enable the doctor to see comfortably while he sutures skin over the area from which the limb was removed.

## COMMENDED BY DOCTOR

Dr. Yancey, appropriately the first to use the newly-completed gadget, said after its December 20, 1954 'debut': "It serves better than any assistant, because assistants are human and cannot keep perfectly still. I think you have a useful safety device and I hope you'll take steps to patent it." (He is now chief of surgery at Hugh Spalding Pavilion of Grady Memorial Hospital in Atlanta).

But Mrs. Robinson was still unsure of the instrument's value, and spent the next two years convincing herself it was worth patenting. But once the decision was made, she was set to see it through.

Two years, \$300 and "tons of anxiety" later, Mrs. Robinson received the patent.

The good news came in unexpected form, late in 1958. "I received this letter from an invention sales company congratulating me," she remembered. "This preceded official word from Washington. My lawyer contacted me shortly after."

The resultant elation was captured in the reaction of her only son, Demetrius (now 13): "Mitoher, he

asked, "do you realize your name is in Washington? I think you're great." She smiled: "I guess that was worth all the effort."

At any rate, it's been used over 40 times at VA by present chief surgeon, Dr. John Hume, and others. And Mrs. Robinson exceeded her original aim with an invention which may possibly quiet the grumblings of many physicians across the country.

## L. P. N. A. Regional Workshop Set For Tuskegee Institute

Members of the Licensed Practical Nurses Association of Alabama are scheduled to attend the L. P. N. Regional Workshop at Tuskegee Institute, Ala., Friday and Saturday, September 9-10.

A group from the local Birmingham and Bessemer chapters was slated to arrive at the meeting this Friday morning. The Workshop is under the sponsorship of the National Association for Practical Nurses Education and Service, Inc.

Headline topics to be discussed include: (A.) Inter-Group Relations Organization, Why? What? Why? (B.) Leadership; (C.) Selection of Students; (D.) Curriculum Pattern; (E.) Methods of Teaching Leadership.

Dr. Arenia C. Mallory, president of Saint Junior College, Lexington, Mississippi, will appear as guest speaker at the banquet. She will center her address around the Workshop theme: "The Future is Ours to Make What Are We Educating For?"

Mrs. Addie Rhoden, president of Chapter No. 1 Birmingham, Mrs. Mary G. Lewis, publicity chairman, and Mrs. Annie M. White, state president, of Montgomery, are expected to join some 200 nurses from all chapters at the meeting.

Buses will leave from the new A. G. Gaston Building, North 5th Avenue and 16th Street, at five o'clock Friday morning, September 9.

Other noted educators from throughout the nation are expected to participate at the sessions.

TUSKEGEE NURSE Mrs. Meloneze Robinson demonstrates amputation limb support, which she invented, as Dr. Asa Yancey observes. (Polk Photo)

## Nurse Invents Device To Aid Amputating Medics

By DOROTHY B. BUTLER

TUSKEGEE INSTITUTE, Ala.—She hated to hear her favorite surgeon grumble, so Registered Nurse Meloneze Robinson put an end to it: she became an inventor.

"Why," asked Dr. Asa Yancey each time he was to perform an amputation, "doesn't someone devise a simple method to keep the patient's limb immobile during the operation?"

At her then new post at the Tuskegee Veterans Administration Hospital in 1950, Staff Nurse Robinson, herself, had often knitted her brow as the chief surgeon tried to obtain this immobility by use of such awkward operating room objects as dish pans and round basins.

"If the patient's leg was on a basin," observed Mrs. Robinson, "it could slide, possibly causing the doctor to make an off stroke. With a nurse or assistant holding the leg, the pressure of the doctor's instrument often caused the leg to swing."



# U.S. NURSES WEIGH GEORGIA'S OUSTER

*The New York Times*  
Board Asks State Unit Be  
Expelled for Refusal to  
Admit Negro Members

By EMMA HARRISON

Special to The New York Times.

MIAMI, May 2—The American Nurses Association will be asked to expel the Georgia State Nurses Association this week for failure to comply with the National association's policy of admitting all qualified professional nurses.

The Georgia association is the only state group that still refuses to admit Negro nurses. The board of the association has already voted to ask the House of Delegates to act at the 1960 convention, which opened today.

The Georgia State Nurses Association has refused to comply with the principles of the Nurses Association's inter-group relations program, which provides membership for all qualified professional nurses in the state nurses associations.

When the national group adopted this policy in 1946 sixteen state associations did not accept Negro nurses as members. As a temporary measure the national organization adopted a direct individual membership program for Negro nurses. Since Jan. 1, 1954, all state associations except Georgia have admitted Negro nurses.

## Mentioned in Report

Although the matter will probably not come up for a vote until Wednesday, Matilda Scheuer of Philadelphia, president of the American Nurses Association, made indirect reference to the situation in her report to the opening delegate assembly in Convention Hall.

"Your platform contains principles of nondiscrimination," she said. "This question is broader than nursing. We are being watched all over the world. What we do or fail to do will have far-reaching implications."

A spokesman for the Georgia delegation, Miss Dana Hudson, a past president of the Georgia Nurses' Association, said the group planned no action if the delegate assembly voted against it.

Miss Hudson, director of the School of Nursing of Georgia Baptist Hospital, Atlanta, said she felt that the "matter would work itself out" if the Georgia association were given time.

"We want the same opportunity for Negro nurses that we have," Miss Hudson said. "There's a kindly feeling between us. They're invited to our meetings."

## Integration Award Given

The association's Mary Mahoney Award for the individual or group contributing the most toward integration in nursing was presented last night to Mrs. Marie C. Mink, associate professor at the University of Oklahoma School of Nursing, Oklahoma City. The award, named for the nation's first Negro professional nurse, was established in 1936 by the National Association of Colored Graduate Nurses, which was dissolved in 1951.

Mrs. Mink was cited for having brought about integration of staff and patients at the University Medical Center Hospital, where she was the first Negro appointed to the faculty and the first to work in an "all-white" ward.

Under its policy of promoting integration in nursing, the national organization insists on racial equality in accommodations for meetings.

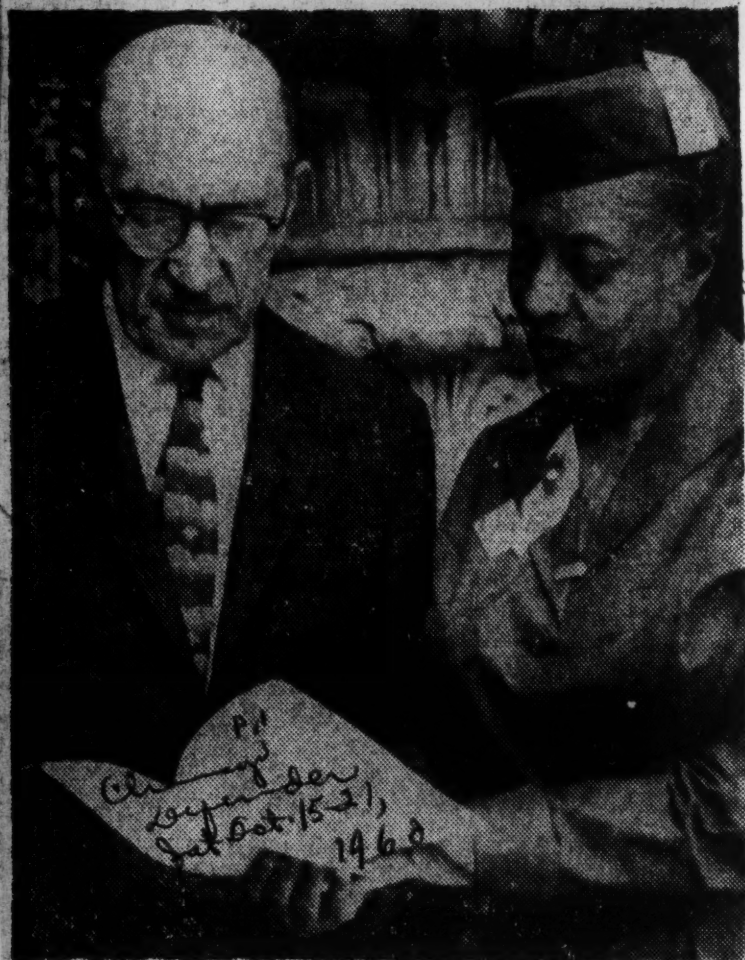
The present session is the first to be held in the South since the program was adopted, but Miami Beach convention hotels promised to admit both whites and Negroes.



19i 1960

ILLINOIS

## 40-Year Nurse Retires



**CITED FOR SERVICE —** After 40 years of service as a public health nurse for the City of Chicago, Mrs. Frances F. Gaines, RN, 6138 Morgan, retires Oct. 15. Mrs. Gaines and Dr. Saul S. Soloway (left) who also has 40 years of service, were among Chi-

cago Municipal Tuberculosis Sanitarium employees honored during awards ceremony. A graduate of the Provident hospital school of Nursing, Mrs. Gaines joined the city health staff Nov. 7, 1919. Defender staff photo



191 1960

LOUISIANA

## Mrs. E.L. Baker Retires With 38 Years Service

*New Orleans La*  
Mrs. E. Lyons Baker, retiring Chief Nurse Anesthetist and Flint-Goodridge Hospital staff member for 38 years, was honored by the hospital family with a reception last Sunday afternoon. The affair was held in the new hospital cafeteria.

Mrs. Baker joined the hospital staff three weeks after her graduation from the Flint-Goodridge Nurse Training School in 1922 when the institution was located at Canal and South Robertson. With her appointment as Director of Nurses and Head of the Nurse Training Program, she began her career with the only employer she has ever had.

Mrs. Baker kept her dual position after Flint-Goodridge Hospital was established at its present site in 1932 as the first of Dillard University. Then

ed Clinical Instructor and she has held this position along with her duties as Chief Nurse Anesthetist for the past decade.

Mrs. Baker has been active in religious, civic, educational and social organizations throughout her life. Her contributions to the community was acknowledged by representatives from the groups with whom she has been associated. There were formal presentations of gifts from the representatives as well as the Flint-Goodridge Hospital Board of Management, Medical Staff and the hospital employees.



MRS. E. L. BAKER

years later, she gave up Directorship of the Nurse Training School when Dillard began its program.

As Mrs. Baker's interest in anesthesia developed, she began to concentrate in this area. Her nurse anesthetist training was completed at Charity Hospital under Dr. John Adriani. When the Flint-Goodridge Hospital School of Anesthesia opened in 1950, Mrs. Baker was appoint-



## 7 Girls in Search of Careers Tour Mt. Sinai Nursing School

*N.Y. Times*  
Seven young ladies in search of careers gave Mount Sinai Hospital's nursing school a close look yesterday and were favorably impressed. But they remained uncommitted.

Indecision over their ultimate choice of careers—they are still in their teens—and the rumor that Bellevue had a swimming pool appeared to be factors.

The tour of the nurses' residence at 5 East Ninety-eighth Street and of various parts of the hospital, including the children's ward, was led by Diane Reich, a clinical instructor. The girls were particularly enchanted by Mrs. Chase, the hospital dummy "you stick needles into," as one of them put it.

The seven nursing prospects, who represented various East Harlem settlement houses and community centers, reported that they were on the first of several career course tours they will make this summer as part of the East Harlem Summer Festival.

The festival, which includes remedial reading courses, record "hops," boat rides and a fashion show, will also sponsor a summer Olympic Games on Saturday.

The festival, explained Gen. Sklar of Union Settlement and Goodwin Garfield, assistant director of United Neighborhood Houses, is part of the city-wide effort by neighborhood houses to increase summer activities for city youngsters who do not go away to camps.

The program has been spurred by a grant of \$33,000 by United Neighborhood Houses, which has encouraged the individual settlements and their communities to extend programs.

Thus far the increased activities, including vitally needed week-end programs, have increased out of all proportion to the grant. Mr. Garfield reported.



**FIRST IMPRESSIONS:** Diane Reich uses dummy to demonstrate nursing at Mount Sinai Hospital for a group of settlement house girls considering nursing careers. The tour is part of the East Harlem Summer Festival, stressing summer activities for youngsters.

The New York Times



## Nursing Grad Receives Award

Mrs. Charlotte Ann Wynn of Richmond, Va. graduated with honors from the four year collegiate program of the Medical College of Virginia School of Nursing on June 5, receiving the B. S. degree in nursing.



Miss Wynn received the A. D. Williams Award presented to the member of the senior class who qualified as the recipient of the award by virtue of high scholastic attainment, professional performance, unusual promise and ability. The factor of motivation and intellectual curiosity were also taken into consideration. She was one of two students in the class to receive the award.

The daughter of Mr. and Mrs. Richard Wynn, she is a graduate of Armstrong High School, Richmond and attended Wheaton College, Norton, Mass., and Virginia Union University.

Miss Wynn will be a staff nurse in the Ennion G. Williams Hospital, Psychiatric Unit.

### CHARLOTTE WYNN

After a lengthy business meeting the hostess, Mrs. Emily S. Alston had invited Mrs. Letitia Walker and Miss Essie Brown, a senior at Booker T. Washington High School, to teach the Norfolk Links the "Madison", at her home on May 28. Several guests were asked to join the Madison line also.

Enjoying the Saturday evening meeting were Mesdames Annette Richter, Eva Moore, Josephine Young, Gladys Whitfield, Ada Williamson, Kathryn Bibbins, Ocie Shields, Geraldine Rogers, Irma Browne, Margaret Lofton, and Undine Young, Links. Guests included Mesdames Marian Capps, Myrtle Hughes, Willie A. Segar of Richmond; Dr. George Alston, Mr. and Mrs. Willie Segar of Richmond, house guests of the hostess, and Dr. Capps.

After trying to learn the Madison, a delicious buffet supper was served.

At the previous Links meeting officers for the new club year were elected. They are: Mrs. Gladys Whitfield, president; Mrs. Irma Browne, vice-president; Mrs. Undine D. Young, recording secretary; Mrs. Margaret Lofton, corresponding secretary; Mrs. Eva Moore, treasurer; and Mrs. Josephine Young, chaplain.

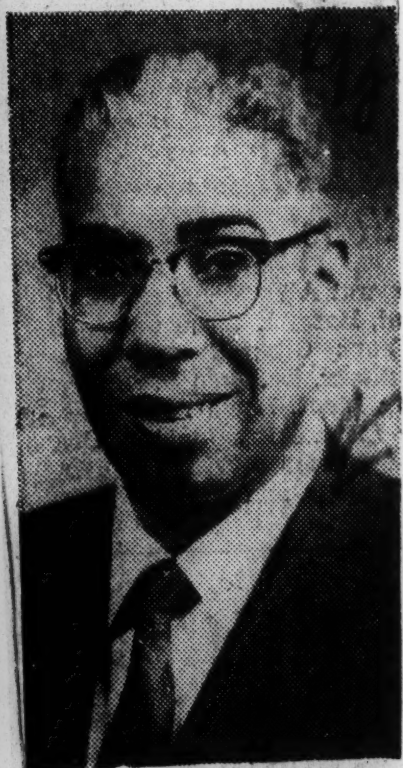
Mrs. U. Young, hostess to the club, was elected delegate to the National Assembly meeting in Los Angeles, Calif. June 30-July 3. Mrs. Irma Browne is the alternate.

A buffet supper was served. All of the members named above were present, and Mrs. Marguerite Young.



# Washingtonian Selected For Board Of Pharmacy

WASHINGTON — Dr. Henry R. Peters, president of Professional Pharmacy, Inc., has been appointed a member of the District of Columbia of



DR. HENRY R. PETERS  
A First In Capital

Pharmacy, it was announced last week by Robert E. McLaughlin, chairman of the D.C. Commissioners.

He is the first colored person appointed to the five-man board, which determines standards, administers examinations for licenses, promotes legislation and regulates the profession of pharmacy in Washington. It is under the Department of Occupations and Professions.

BORN IN FALMOUTH, Mass., on Jan. 1, 1916, Dr. Peters attended the public schools there and graduated with honors, in 1941, from the Massachusetts College of Pharmacy. During World War

II, he served as a pharmacist mate in the U. S. Maritime Service.

In 1946, he was appointed an instructor in pharmacy at Howard University, and served in that capacity for two years. He took several special courses at Howard university law school, and in 1949, established in partnership with Dr. Herman Morton, the Professional Pharmacy. Dr. Morton later sold his interests in the corporation to Dr. Peters.

DR. PETERSON is a former vice president of the National Pharmaceutical Association, a past president of the Washington Pharmaceutical Association, and treasurer of the local organization.

He has delivered papers on pharmacy throughout the country and has written articles for publication in pharmaceutical journals.

He is married to the former Theresa Thrope, of Ocala, Fla., who is also a registered pharmacist and a 1950 graduate from Howard University college of pharmacy

## Woman pharmacist first to be hired in District

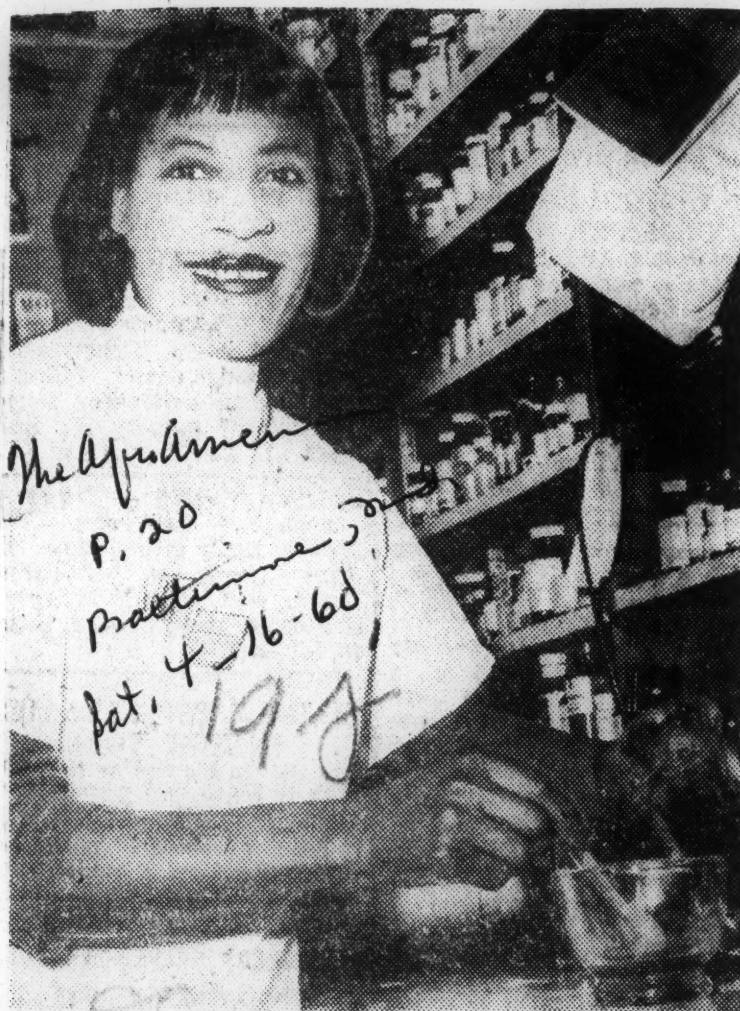
WASHINGTON — Mrs. Elsie J. Sublett, who holds the assignment at Peoples Drug Store at 14th and U Sts., NW, has ignored the popular stigma and gone on the rack up a number of distinctions during her 12-year career. "At high school they called me a chemistry whiz," she explains. "Pharmacy involves chemistry. So I figured I'd make a good pharmacist." And make good she did. Since graduating from Howard's School of Pharmacy in 1948, the personable career-woman - housewife has assumed such "masculine" responsibility as management of two stores and a post as chief pharmacist at a major hospital. She was the first colored woman ever to be hired as pharmacist by a major chain locally.

MRS. SUBLETT first took a notion to be a pharmacist while at Indianapolis' Crispus Attucks High School. She later attended Kansas and Catholic universities before switching to Howard, where she received her undergraduate degree and later became one of only five women graduates in pharmacy in 48.

She returned to Indianapolis briefly to manage Walker Drug Store, then came back to the District as manager of Stoddard Pharmacy at Georgia Ave. and Kenyon Sts., NW.

For two and a half years she was chief pharmacist at Suburban Hospital in Bethesda, Md. Mrs. Sublett has been with Peoples about a year.

An Alpha Kappa Alpha, Mrs. Sublett resides with her husband, Royolin, an Army lieutenant, and their nine-year-old son, Royolin Jr., at 4352 Blagden Ave., NW.



WOMAN'S WAY WITH MIXTURES — Mrs. Elsie J. Sublett, pharmacist at Peoples Drug Store branch at 14th and U Sts., NW, looks every bit at home behind the drug counter as at home mixing ingredients for a favorite food recipe. The 12-year career woman, who resides with her husband and son at 4352 Blagden Ave., NW, Washington, D.C. has been with Peoples about a year.



# Name 1st Negro To Pharmacy Unit

*Chicago Defender*  
*Sat. 7-9-60*

WASHINGTON, D. C. — Dr. Henry R. Peters, president of Professional Pharmacy, Inc., has been appointed a member of the District of Columbia Board of Pharmacy, it was announced by Robert E. McLaughlin, chairman of the D. C. Commissioners. He is the first Negro appointed to the five-man Board.

The D. C. Pharmacy Board determines standards, administers examinations for licenses, promotes legislation and regulates the profession of Pharmacy in Washington. It is under the Department of Occupations and Professions.

Dr. Peters expressed deep appreciation to commissioners and Washington leaders who "did so much to make my appointment possible."

Born in Falmouth, Mass. on Jan. 1, 1916, Dr. Peters attended public schools there and graduated with honors, in 1941, from the Massachusetts College of Pharmacy. During World War II, he served as a pharmacist mate in the U. S. Maritime Service.

In 1946, he was appointed an instructor in pharmacy at Howard University, and served in that capacity for two years. He took several special courses at Howard University Law School, and in 1949, established in partnership with Dr. Herman Morton, the Professional Pharmacy, Inc., at 2917 Georgia Ave. N.W.

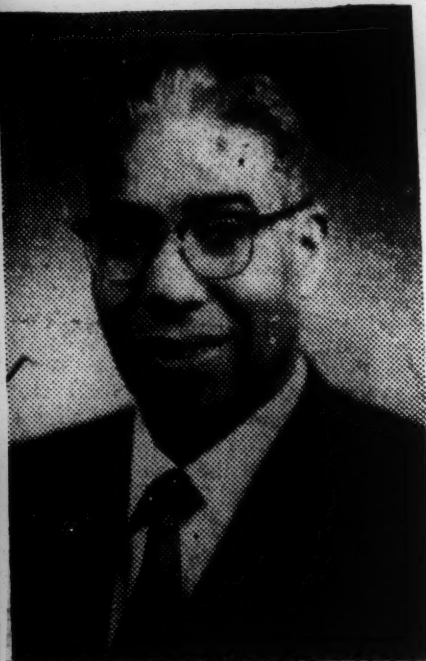
The new member of the District Pharmacy Board is a former vice president of the National Pharmaceutical Association, which he has served also as a member of the Executive Committee. He is a past president of the Washington Pharmaceutical Association and is now serving as treasurer of that organization.

He is married to the former Theresa Thorpe, of Ocala, Fla., who is also a registered pharmacist. They have two children, Henry, jr., and Maria Theresa.



19j 1960

D.C.



*Dr. Henry R. Peters*  
**FIRST NEGRO APPOINTED TO  
WASHINGTON PHARMACY  
BOARD** — Dr. Henry R. Peters,  
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*1960*  
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cupations and Professions.



# First Negro Doctor In Alabama Encouraged By Booker T. Washington To Practice In State

By EMORY O. JACKSON

Dr. P. S. Moten, dean of local medics and a civic-talented physician, as historian of the Alabama State Medical Association, which convenes in Birmingham June 8-10, has gathered some vital data about Dr. Cornelius N. Dorsette, Alabama's first licensed Negro doctor.



**DR. P. S. MOTEN**  
(Historian)

(Alabama's First Negro Doctor)

Dr. Dorsette, a schoolmate of Booker T. Washington at Hampton, came to practice medicine in Alabama in 1886 at the request of Mr. Washington, founder and principal of Tuskegee Institute. He practiced in Montgomery, Ala. from 1886 until his death in 1898.

His widow died in New York City in 1947. Mrs. Sadie Dorsette Tandy, retired New York school teacher and widow of an architect, is the only surviving daughter of Dorsette and lives in Riverside.

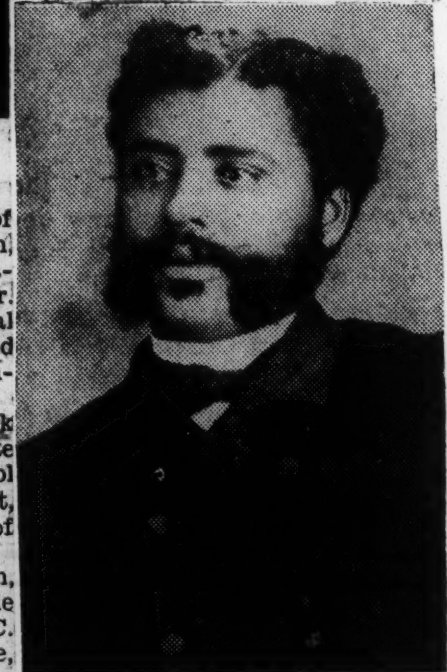
Dr. Dorsette was born in Eden, N. C. He attended the Thomasville grade school in Thomasville, N. C. After leaving Hampton Institute, he attended Syracuse University, Syracuse, N. Y. He was graduated from the University of Buffalo School of Medicine, 1882. He practiced medicine for three years in Lyon, N. Y. before being persuaded to come to Alabama by Dr. Washington.

In a letter to Dr. Moten, May 11, 1960, Mrs. Tandy, who furnished him with basic intimate information about her father, wrote, in part: "I still have the letter from Mr. Washington urging him

to come to Alabama. One amusing sentence in the letter said that he was sure he (Dr. Dorsette) could earn a good living because some of the white doctors were earning as much as \$150.00 a month."

"My father founded the Hale Infirmary in Montgomery and it is still operating. It is the oldest hospital for Negroes in Alabama. He was a trustee of Tuskegee Institute and gave Mr. Washington wonderful assistance when he first started the school."

Mrs. Tandy has a son who is in the insurance business in Accra, Ghana. He is 39 years old and holds a law degree from the Columbia University Law School. He practiced law and later with two friends went to Ghana. The insurance company has 11 branch offices and 100 persons employed.



**DR. CORNELIUS N. DORSETTE**

She visited him in Ghana in 1959.

Over a period of about 74 years Negro doctors in Alabama have increased from one to approximately 50. There are about 18 Negro doctors in the Birmingham area. Not a single Negro doctor has been trained by the University of Alabama Medical College.

According to Dr. Moten's research "in 1898, the illustrious Dr. Booker Taliaferro Washington ....

suggested to the late Dr. A. H. Kinnibrew the organization of Alabama Negro physicians .... In the little city of Decatur, Ala., in 1898, ten physicians met and organized The Alabama State Medical Association .... In 1918, in annual session, the association restricted its membership to accredited physicians, hence the dental and pharmaceutical departments that formally were associated, discontinued said affiliation."

Dr. L. L. Burr, according to Dr. Moten, was the second Negro doctor licensed to practice medicine in Alabama.

Despite the 62 years of organization, based upon the research findings of Dr. Moten, the Alabama Medical Assn. holding its 24th annual meeting in the L. R. Hall Auditorium (A. G. Gaston Building), June 8-10.

With the Birmingham Medical Center proving training in many fields and in the light of the "Lucy Case Decision", Alabama continues to get away without training any Negro doctors. Less than one Negro doctor a year has been added to the list since Dr. Dorsette first set foot on Alabama soil. Negro doctors in Alabama are still barred from staff privileges at tax-supported hospitals and most of the church-supported hospitals.

Booker T. Washington urged the first Negro licensed doctor to come to Alabama, suggested a medical association, and this first Negro doctor built a hospital. Racial bars were built up then, and not many have been lowered until this day.

Dr. Moten is the ASMA's historian, what new achievements will he record, like Negro enrollment in the state's Medical College, or serving on the University Hospital staff?



29k 1960

CALIFORNIA



**OFF TO CALIFORNIA** — Dr. and Mrs. Isaac M. Reid Jr. left Greensboro, N. C., recently for San Francisco, Calif., where he will begin residency in pediatrics at St. Luke Hospital in that city. A graduate of Meharry in 1959, Dr. Reid interned at Wayne County Hospital in Detroit, Mich. Mrs. Reid, the former Elizabeth Perry, holds a B.S. degree in nursing from Meharry. She is a native of Stillwater, Okla.



# Washington Physicians Show Their New Building

WASHINGTON, D. C. — Open house at the new Medical Associates Center, 915 Rhode Island avenue, Northwest, was held Sunday afternoon, with 16 Washington physicians as hosts.

The general public had first opportunity to see the new facility, which has been in operation since July, a modern, light red brick, with the familiar insignia of medicine on the facade, erected by members of the profession, at a cost of more than \$200,000.

**THREE FLOORS** of sound-proof, air-conditioned suites are occupied by surgeons, general practitioners, gynecologists, radiologists, osteologists, dentists, pediatricians and dermatologists, with a clinical laboratory and a modern pharmacy.

Hosts at the open house, all members of the Medico-Chirurgical Society, were Doctors Arvine M. Bradford, Walter A. Combs, David French, Leslie Hedgepath, Charles H. Hunter, Charles S. Ireland, Stewart J. Johnson, E. Preston Lee, James A. Marshall, Henry R. Peters, Linwood Rayford, Jr., Alvin F. Robinson, William B. Russell and Francis L. Smith.

Dr. Philip C. Brooks, now in Kentucky, was a participant in building the center, which was designed by David L. Byrd, architect, with financial arrangements by Metropolitan Realty and Investment Company.

In Profession 50 Years

## Two Virginia Physicians To Be Honored At Meeting

WASHINGTON, D. C. — A Virginia physician, Dr. James H. Roberts, who "walked the streets of Roanoke, Va. for two years, carrying his medical bag before he purchased his first car — a Model T Ford," heads three former internes of Freedmen's Hospital who have been practicing 50 years to be honored at the 38th annual meeting of the Association of former Internes and Residents of Freedmen's Hospital to be held at the Howard University school of medicine, June 7 - 9, it was announced last week by Dr. George H. Johnson, president of the association.

Dr. Chester A. Gordon, of Ark, Va., and Dr. William H. Barrett, of East St. Louis, Ill., now retired and living at

Brown's Town, Jamaica, B.W.I., will also be cited.

**THESE THREE** physicians are the last of 10 physicians who entered upon their internships at Freedmen's hospital in 1910, two years after the present structure was built.

Born in Culpeper, Va., Dr. Robert is a graduate of Howard university in the preparation of former Internes and Residents of Freedmen's hospital to be held at the Howard University school of medicine, June 7 - 9, it was announced last week by Dr. George H. Johnson, president of the association.

for the past 49 years he has played a prominent part in the civic, professional and religious life of the city.

**DR. ROBERTS** was a "member of a surgical team which performed operations in private homes" before the establishment in a five-room dwelling on March 15, 1915 of the Burrell Memorial Hospital, of which he was co-founder. The New Burrell Memorial Hospital, costing 1,600,000 was opened July 1955, and dedicated in May 1956.

A member of numerous medical organizations, Dr. Roberts was the 10th president of the Association of Former Internes and Residents of Freedmen's Hospital, in 1929. He was commissioned first lieutenant in the United States Army Medical Corps in World War I.

## DR. ROSS J. CLARK OF JACKSON GETS HIGH HOSPITAL POST

Washington, D. C. — Dr. Ross J. Clark, son of Mr. and Mrs. James V. Clark, 1501 Rondo St., Jackson, Miss., last week was appointed chief resident in obstetrics and gynecology at Freedmen's Hospital, Washington, D.C.

A 1956 graduate of the College of Medicine at Howard University, Dr. Clark served an internship at the George Washington University Hospital in Washington. He was a resident in obstetrics and gynecology at D. C. General Hospital, July, 1957 to June, 1958, and from January to June of this year. He also served a residency at Freedmen's from July, 1958 to December, 1959.

Dr. Clark is married to the former Betty Graves, a pediatrician



DR. ROSS J. CLARK

## Malpractice policy vital, medics told

WASHINGTON — THE ATTORNEY then presents a list of general rules a doctor should consider in fulfilling the requirements of his practice. He recommends that physicians remember, for example, that:

1. A doctor who operates on a patient without obtaining proper consent, may be guilty of an assault.

2. A doctor who holds himself out to be a specialist, when in fact he is not, may be guilty of deceit.

3. A doctor who is foolish enough to guarantee the result of his treatment may be guilty of a breach of contract, etc.

Mr. McDougall also advises physicians to be careful to tell a patient of the possible results of his condition without unduly frightening him.

He further advises doctors not to promise too much; not to falsify certificates for patients and not to charge more than is customary without some discussion; and to keep good and complete records.

Among other things, the New York lawyer cautioned physicians to "never examine a female patient except in the presence of a third person. There is nothing so embarrassing as a claim of undue familiarity."

"Some professions are more exposed to such actions than others," he said. "From the nature of the profession, medicine is the most prone to suit."

Mr. McDougall pointed out that when a doctor accepts a case, whether he is paid or not, he must possess that degree of learning and skill ordinarily possessed by other doctors in the locality where he practices.

"This rule," he said, "applies even to the physician who stops to help a passerby in need of help. In the treatment of his patient, he must use reasonable care and skill and his best judgment."

"In other words, he must not be careless. He is not accountable, however, where after careful examination he made an error of judgment."



19k 1960

FLORIDA

# Leon Negro Doctor Asks Rights Back

*Jacksonville Fla.*  
*Aug. 31-60*  
The Times-Union Bureau

TALLAHASSEE, Aug. 31—A. O. Campbell, former Tallahassee Negro physician who is on parole after serving part of a prison sentence for abortion and manslaughter, has petitioned the Florida Pardon Board for restoration of his civil rights.

Campbell, who is 72 years old, was sent to state in 1958 on two concurrent four-year terms for conviction in 1956 of manslaughter in connection with the abortion death of a white woman and the performing of an abortion on another. At the same time, his license to practice was suspended.

While appeals were pending on the convictions, Campbell was arrested on new charges of conspiracy to perform an abortion on a 17-year-old white girl and practicing medicine without a license. Ten days later, another charge of performing an abortion on a Negro woman was filed against him.

He was sent to Avon Park Correctional Institution on the 1956 convictions after losing the appeals, but was paroled Nov. 5, 1959.

State Atty. W. D. Hopkins of Tallahassee said today he has no plans to try Campbell on the other charges.





*The Louisiana Weekly*  
AFTER THE BIG DAY IS OVER... Meharry Medical School grads shed their robes for informal gatherings among their classmates. Shown above are (left to right) M.D.'s - A. Newton Woodard, Memorial Hospital, Winston-Salem, N.C.; Leonard A. Tureaud, New Orleans, to intern at Los Angeles County Hospital, California; Donald L. Harris, Baton Rouge, to intern at Kate B. Reynolds Memorial Hospital of Winston-Salem, N.C.; Virgil M. Hardin, New Orleans, to intern at Meharry Hubbard Hospital, Nashville; and Emile E. Riley, Jr., New Orleans, to intern at Rochester General Hospital, Rochester, N. Y.

# Feel That Shortage Of Doctors May Grow Worse

*Chicago Defender*  
*Chicago, Ill.*  
Sat 8-27-60  
By LeROY POPE

NEW YORK — (UPI) — The business of being a doctor is better today than it ever was, yet medical schools are having trouble getting enough students, medical experts report.

Moreover, hundreds of towns are begging medical societies and welfare foundations to help them get a doctor to locate in their communities. They offer financial help and promise him a lucrative practice. Many a small town doctor nets \$25,000 a year, and the profession is about the highest paid in the land.

The doctor shortage, which has been getting worse ever since 1950, became more acute this summer when a crack-down by various medical and hospital associations forced 4,000 unlicensed European and Asiatic internes and residents off hospital staffs.

These foreign-trained doctors failed in examinations last spring to show sufficient professional qualifications or knowledge of English to keep their jobs. Another 5,000 foreign-trained doctors passed the examinations.

But the crackdown may keep think they can't make it. They 1,500 to 3,000 foreign doctors imagine medical schools won't from coming to the United States in the next year. Couple this with the fact that American medical schools are getting one-third fewer applicants for admission than they did in 1950 while the population has gone way up, and, the experts said, the doctor shortage assumes alarming proportions. It is made even worse, say the medical society spokesmen, by the fact that the average American goes to see the doctor twice as much as his parents did.

The American Medical Association alone got just under 1,000 requests last year from communities asking help in get-

ting a doctor. Other medical professional men instead of societies got such requests all government employees.

though certainly not so many as the AMA. Dr. Walter Wiggins of the AMA says a small town has virtually no chance of attracting a doctor nowadays unless local groups help financially to set him up in practice.

Farm organizations and some big corporations have taken an interest in the matter. Sears, Roebuck and Co., for example, has helped a number of communities to get doctors.

The strangest thing is to find the medical schools, which only a decade ago were desperately expanding facilities to make room for qualified applicants clamoring to get in, now advertising for students.

Applications actually dropped from 22,279 in 1950 to 15,172 in 1958. Money is the biggest reason. It costs an average of \$47,000 to educate a general practitioner and \$64,000 to educate a specialist. That is not all out of pocket expense to the young doctor and his parents — but the cash outlay over 10 to 12 years may be \$20,000 just for a G. P. Then he must be set up in practice.

Next, too many youngsters think they can't make it. They 1,500 to 3,000 foreign doctors imagine medical schools won't look at an application from anything less than an A-minus student. Fact is 65 per cent of all medical students come from the "B" ranks and 16 per cent were only "C" students and undergraduates — yet many of these make good doctors, medical school records show.

The medical profession's constant fear is that the doctor shortage will lead to government controlled socialized medicine. They hope to see the scholarship approach, financed by government and business jointly, used to solve the doctor shortage with the scholarship-aided doctors becoming private

## New Doctor Draft Seen Unless More Interns Volunteer

*Atlanta Daily World*  
*Atlanta, Ga.*  
WASHINGTON (UPI) — The Defense Department Monday threatened to start a new doctor draft early next year unless more interns volunteer for reserve commissions and two years of active service. As many as 650 physicians may be called next March to enter active duty between July and September, according to the announcement by Dr. Frank B. Berry, assistant defense secretary in charge of health and medical affairs. The Defense Department has not drafted physicians since February 1957. Berry told reporters that everything was smooth and easy and they didn't have to worry any more.

He disclosed that he had written letters to 4,500 interns who will complete their training next June and warned them:

"I will not hesitate to ask for a selective service call-up of approximately 650 physicians early next year if sufficient number of this year's interns do not volunteer for two - after terms of active duty beginning in July 1961."

Berry told the interns that if they were called under the draft the chance would be one in seven — "I can assure you that there will be very few exceptions granted."

The defense department wants 1,700 interns annually to go on active duty for two years, out of an annual pool of 7,200 graduates. This year, 800 to 850 are entering service. An additional 200 doctors are being trained under military service programs, leaving a deficiency of about 650, Berry said.



19k 1960

GEORGIA

# Alabama Medical Association Scheduled To Meet June 8-10

Dr. T. J. Barefield-Pendleton is acting chairman of the program committee for the 24th annual meeting of the Alabama State Medical Association scheduled for June 8-10 in the A. G. Gaston Building.

An estimated 50 medics will attend the three-day convention. Registration is scheduled for 10 o'clock Wednesday morning, June 8, in the lobby of the L. R. Hall auditorium. Mrs. J. E. Samuels will be in charge of registration.

Greetings will come from the host Mineral District Medical Society of which Dr. D. M. Curry is the president and the local auxiliary. Memorial services will be conducted by Dr. P. S. Moten. Dr. R. G. Cole will preside at the opening session.

Among speakers listed for the convention are Dr. W. N. Viar, "Recent Trends in Thyroid Surgery"; Dr. John M. Higginbotham, "Low Back Pain"; Dr. W. L. Hawley, "Clinical Use of Radioisotopes"; Dr. J. T. Montgomery, "Early and Significance Features of Coronary Artery Disease", which will be heard at the June 8 afternoon session. Dr. J. W. Stewart of Gadsden will preside.

Listed for lectures at the June 9 morning session with Dr. E. T. Odom of Tuskegee, presiding are: Dr. A. H. Russakoff, "The Significance of Pleural Glucose Levels," Dr. Benjamin Blassingille, Sr., V. A. Hospital, Tuskegee, "Cerebrovascular Disease, An Analysis of Data" and Dr. J. W. Giles, "Airway Problems."

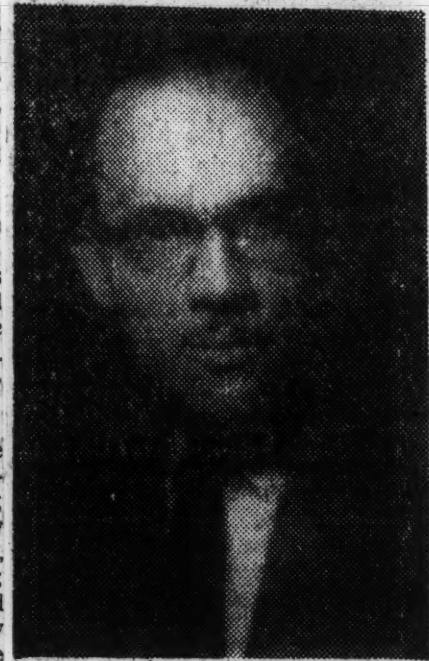
The afternoon session will be presided over by Dr. J. E. Caples. Dr. J. R. Mitchell will discuss "Maternal Bleeding"; Dr. Herschell H. Hamilton, "Mechanical Small Bowel Obstruction" and Dr. William A. Cunningham, "Medical Hyponosis."

There will be a joint session Friday morning, June 10, of the Ladies Auxiliary and the association. Dr. Ruth Berrey will discuss "Medicine in Nigeria."

Meantime, the social committee headed by Dr. R. C. Stewart, has provided several social affairs for the relaxation of the delegates in the evening and entertainment for

the out-of-town guests.

ASMA officers are Dr. O. S. Gumbs, Mobile, president; Dr. Barefield-Pendleton, vice-president; Dr. D. E. Bradford, secretary; Dr. A. W. Plump, treasurer and Dr. Moten, historian.



Dr. T. J. Barefield-Pendleton

# Meharry Medical College Honors Atlanta's Nash

By CLAUDE GEORGE

Dr. Homer E. Nash has received a gold plaque for 50 years service to mankind in Atlanta from Meharry Medical College in Nashville, Tenn.

A 1910 graduate of Meharry, Nash was cited for his activities in religious, political, and civic affairs.

Nash spoke last week at commencement exercises at Clark College. His speech, "Alcohol and Christian Responsibility," emphasized that the best way to ward off alcoholism is to fight it from the childhood level on. He warned graduates that taking a social drink was the first step toward becoming an alcoholic.



## Receives Doctor Of Optometry Degree

CHICAGO — Nathaniel F. Williams, 1771 Downing street, N. W., Roanoke, Va., received the degree of Doctor of Optometry from Illinois College of Optometry, Chicago, at the 118th Commencement on June 3.

The son of the Rev. and Mrs. Fred D. Williams, Dr. Williams, is a graduate of Addison High School, Roanoke, and of Central State College, Wilberforce, Ohio, where he received a bachelor of science degree. He also studied at Howard University and served in the United States Army before beginning his professional studies.

AT ILLINOIS College of Optometry, he was a member of Omega Epsilon Phi fraternity and the American Optometric Association.

Dr. Williams plans to enter private practice.

## Negro Instructor In Surgery At Louisville U.

LOUISVILLE, Ky. — (ANP) — The board of trustees of the University of Louisville last week appointed Dr. William Marcheta Moses as a surgery instructor in the college of medicine.

Dr. Moses, a diplomate of the American Board of Surgery, is a former instructor in surgery at Meharry Medical college, Nashville. He also conducted research while at the Negro medical school.

The new member, a surgeon here since leaving Meharry last year, is a member of the staffs of Red Cross, St. Josephs, Jewish and Children's hospitals. He is also a member of several medical societies.

## WIDER ROLE ASKED FOR NEGRO DOCTORS

Special to The New York Times.

CHICAGO, July 2 — Greater opportunities for qualified Negro physicians to serve on staffs of Chicago hospitals have been recommended by a committee representing the Chicago Medical Society and the Institute of Medicine of Chicago.

The committee said it had learned that the number of Chicago's negro physicians was decreasing while the city's Negro population had been growing at a rapid rate.

In 1938, there were 228 Negro physicians in Chicago against 210 in 1960, the report said. The city's Negro population increased from 280,000 in 1940 to about 800,000.

The report disclosed that only twelve of Chicago's sixty-five accredited, predominantly white hospitals had Negro staff physicians, against 40 per cent of the hospitals in Detroit, 70 per cent in Brooklyn and 100 per cent in Gary.

The committee called for hospital staff appointments for all Negro physicians who could meet the qualifications. It said that "special importance, we feel, must be accorded our responsibility to our colleagues who are negro."



# NEGRO DOCTOR GROUP'S HEAD TELLS OF AIMS

*Chicago, Ill.  
Sats. 3-5-60  
No. 1 Project*

BY ROY OTTLEY

Dr. Robert G. Morris Jr., newly elected president of the Cook County Physicians association, a Negro group formed in 1911, plans as the No. 1 project of his administration a stepped up campaign to integrate Negro doctors in hospitals thruout the city.

The young radiologist, a diplomat of the American Board of Radiology, also plans internal reorganization to strengthen the group and bring broader participation in the association's programs by both white and Negro physicians.

## Build Medical Center

The association, formed to deal with the socioeconomic aspects of medicine, will recommend that the south side's Provident Hospital, which already has more than 30 white physicians, expand and fully integrate on all levels.

Dr. Morris is a member of the group of Negro doctors, dentists, and pharmacists, who three years ago established the Medical Associates of Chicago, and erected at a cost of \$250,000 a medical center in Lake Meadows.

He also is vice president of the Chicago Urban league, chairman of Provident hospital's credentials committee, a director of the American Cancer society, and a member of the Society of Nuclear Medi-

cine.

## Son of Minister

Dr. Morris was born in Winston, N. C., April 9, 1924, one of three children. His father, the Rev. Robert G. Morris Sr., is a treasurer of the Lexington Conference of the Methodist church; his mother, Grace, is a former public school teacher.

Young Morris attended Orchard Knob Elementary school in Chattanooga, Tenn., and Rayen High school in Youngstown, O., where he was a basketball star, was elected to the National Honor society, and ranked second in his graduating class in 1941.

He entered Drew university, Madison, N. J., and after two years study joined the army. He served in the field artillery, was sent to West Virginia State college at Institute, to study military engineering.

## Studied at Temple U.

He was transferred to Temple university, Philadelphia, where he began his medical studies. He eventually enrolled in Howard university medical school, Washington, where he was graduated in 1948.

After a year's internship in Harlem hospital, he reenlisted in the air force, served at Anchorage, Alaska, until 1951, when he was mustered out a captain. He came to Chicago, where his family had settled, and took a three year residency at Provident hospital.

Dr. Morris is married to the former Phyllis Davis, a graduate of Howard university and a former public school teacher. They have three sons Robert III, 12, Clark, 9, and Patrick, 8.

# Top Flight Surgeon Joins Flint Staff

*The Louisiana Weekly  
New Orleans, La.  
Sat. 6/11/60*

Dr. William McDowell Jones, former Assistant Chief of General Surgery at U. S. Public Health Service Hospital, Staten Island, New York, has joined the Flint - Goodridge Hospital staff and entered private practice here, hospital officials announced. Dr. Jones, a graduate of Howard's Medical School, completed his internship and a four year residency in general surgery at Freedmen's Hospital, Washington, D. C. He is a Board Eligible Surgeon.

A native Orleanian, Dr. Jones is the son of the distinguished Methodist Churchman, the late Bishop Robert E. Jones, a moving force in the establishment of Flint-Goodridge Hospital and other civic achievements. His return to New Orleans marks the reversal of a trend for local Negro physicians who get specialized training to seek opportunities elsewhere.



*19K La.*

Dr. Jones received his early education in New Orleans. He attended Gilbert Academy for three years before completing high school in Columbus, Ohio.



*19K La.*  
VACATION IN MEXICO—Dr. and Mrs. G. Norman Adamson have recently returned from a three weeks' vacation "down Mexico way." They visited Mexico City, Taxaco and surrounding points of interest. The doctor also attended the meeting of the Pan-American Medical Association which convened in Mexico City May 2 through the 12.\*



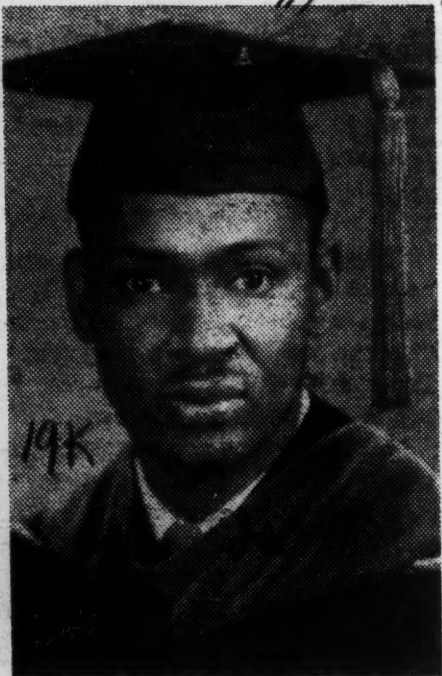
19k 1960

IOWA

## Dr. Eustace Ware To Begin Practice

*Des Moines, Iowa*  
Dr. Eustace J. Ware has announced the opening of his office for General Practice at 1800 13th St.

Dr. Ware is a graduate of College of Osteopathic Medicine and Surgery

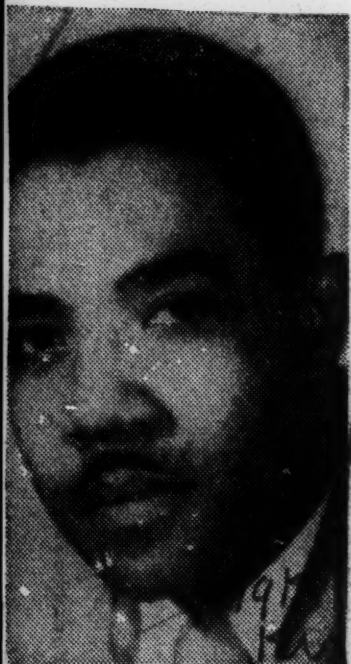


DR. WARE

and has just completed a year of internship at the college hospital. He is a graduate of North High School and of Drake University College of Pharmacy.

Open House is being held at his office Sunday, July 3rd from 2 to 7 p.m.





**DR. DOCKERY**  
**Dr. Dockery**  
**Will Address**  
**Medical Confab**

Dr. Robert Dockery, Ophthalmologist, will speak Tuesday, August 9, 1960, at the Penn Sheraton Hotel, Pittsburgh, Pa.

to the National Medical Association (EENT Group) of the subject of "Squint."

This is a follow-up of last year's speech, "Visual screening of the Pre-School Age Child," made in Detroit, Mich. "Squint" is one of the complications to watch for in pre-schoolers so they can have two good eyes instead of one.

Dr. Dockery has addressed the John Andrew Clinic, Tuskegee Institute, Alabama, and the Ky. Medical Association (EENT).

He is the first Negro eye specialist to obtain staff privileges at Jewish, St. Joseph and Children's Hospitals.

Dr. Dockery is also an attending ophthalmologist at Veterans Hospital and a member of the U of L faculty with staff privileges at Red Cross Hospital. Dr. Dockery has local offices located here and resides at 1115 S. Western Parkway.

## Physician Attends Medical Conference—

# Bells Return From European Tour

Many often hope to take a "grand tour" of the continent but few of us have the opportunity or time available to realize such a dream.

Such a trip can be both educational and interesting if undertaken in the manner of Dr. and Mrs. J. B. Bell who recently returned to Louisville after a month and a half tour of Europe.

For Dr. Bell the tour was professional as he was a delegate to the Sixth International Congress For Diseases of the Chest convening at Vienna, Austria. Mrs. Bell, an elementary education instructor at the Joseph Cotton School, used this opportunity to increase her personal knowledge.

A prominent physician here with offices at 1200 W. Chestnut Dr. Bell has been affiliated with international bodies for the past several years. In 1958, the doctor and his wife undertook a 20,000 mile journey to the Fifth Internal Congress in Tokyo.

This year's Congress was even more rewarding for the Bells not only from a medical and educational stand point, but gave them an opportunity to visit behind the iron curtain satellite countries and Russia.

Attending the annual meeting of the Polish Medical Society at Warsaw, Dr. Bell was able to make close observations of Poland and its people. "Their attitude is good and we were very well received," said Dr. Bell, "but conditions are still bad economically." He said Poland had not yet recovered from World War II.

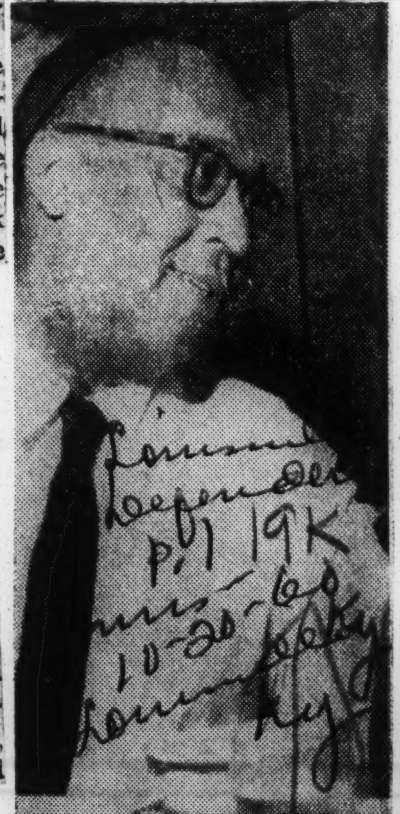
Transplant

Wherever the tour took him, Dr. Bell made a study of hospitals and medical progress. In Moscow he witnessed a heart transplant surgical operation in a dog. The operation was performed by the famed Russian surgeon who successfully transplanted on a two-headed dog.

Of Russian hospitals, Dr. Bell

said, "the Russian hospitals compare favorably with those in America but are not as lavishly equipped as ours." He added that Soviet hospitals are occupied with extensive research.

The Bells, who stated that they were extended every courtesy in Russia, visited Red



**Dr. Bell**

Square, the Kremlin during their ten-day stay in the capitol. Mrs. Bell said they had hopes of attending the world fame Bolshoi Ballet but missed getting tickets.

In addition to being extremely friendly, the Russian people, said Dr. Bell, are dedicated to doing a task. The Bells also visited Lennigrad

during their Soviet stay.

Dr. Bell was one of a group of 24 American doctors that toured together. Mrs. Bell attended one medical lecture but consumed the majority of her time visiting museums, cathedral and educational institutions.

A member of the American College of Chest Physicians, Dr. Bell also attended the IX Internationale Congresso Di Bronco Esofagologia at Venice, Italy and the III Congresso Europeo Di Cardiologia at Rome, Italy. Dr. Bell served on a committee studying Chest diseases of children at Vienna and also as a discussion leader.

The Bells also visited St. Peter's Basilica, the Vatican in Rome; the Louvre in Paris, France and Buckingham Palace in London. They saw historical points of interest in Ireland, Switzerland, Spain and Portugal.



**Mrs. Bell**



## Dr. A. E. Darensbourg Returns To Flint Staff

Dr. Arnold E. Darensbourg is a past president of the New Orleans Medical Association, the Louisiana Medical Association and the Flint-Goodridge Medical staff. He is a member of Chi Delta Mu professional Fraternity, Alpha Phi Alpha Fraternity and a Third degree Knight of Columbus.

Dr. Darensbourg's training which was designed to prepare him for Board Certification, consisted of a tour of duty on the Gynecology service at Freedmen's Hospital of the Howard University Medical School, and one in Obstetrics at the District of Columbia General Hospital.

Dr. Darensbourg is the third Negro Physician with specialized training to join the Flint-Goodridge staff this summer. Along with the senior men on the Medical staff, they are expected to play important roles

Dr. Darensbourg will resume private practice in his new office at 3328 1/2 La Salle Street next week.



DR. JOYCE C. FRAZIER

## Becomes

## Doctor At Age 21

Believed to have been the youngest graduate to have received a medical degree at Howard university, Dr. Joyce C. Frazier, at 21, recently began her internship at Pontiac General hospital, Pontiac, Mich.

The attractive June graduate is the daughter of Mrs. Gladys D. Frazier and the late J. M. Frazier, sr., of Baton Rouge, La.

Dr. Frazier was graduated from high school at 14 and enrolled in the accelerated program at Southern university where she received her B. S. degree, cum laude, at 17.

At her recent graduation from Howard, she was ninth in a class of 68 and received a citation in neurology and psychiatry.



DR. A. E. DARENSBOURG

In the expanded hospital's future teaching program.

A cum laude Xavier graduate, Dr. Darensbourg earned his Medical degree at Howard, did his internship at Freedmen's and completed his residency at Flint-Goodridge. He



# Harvard president pays tribute to

## Dr. W. A. Hinton

*The American*  
(ANP) In his annual report to the Board of Overseers, Dr. Nathan M. Pusey of Harvard University paid a particular tribute to the late Dr. William A. Hinton who died in August 1959. At the time of his death Dr. Hinton was Clinical Professor of Bacteriology and Immunology.

"Dr. Hinton's life," said Dr. Pusey, "followed the legendary democratic pattern of success achieved, despite tremendous personal difficulties, by integrity, determination, and hard work."

The Harvard president also noted Dr. Hinton had a teaching connection with Harvard Medical School for 32 years. The famous co-developer of the Hinton Test was 76 years old at the time of his death.



19k 1960

MICHIGAN

# Magazine Cites Detroit Doctor

NEW YORK — Dr. DeWitt T.

Burton of Detroit was hailed by a national magazine as one of the Motor City's leading citizens.

In an article in the current issue of Look Magazine, the prominent Negro physician was included with Henry Ford II, Charles Wilson, Walter Reuther and other dignitaries in a group called Detroit's "Big Wheels."

Head of two hospitals, Dr. Burton was cited by the magazine as the first Negro to win the Detroit Medical Society's Physician of the Year Award; the first Negro elected to state office since Reconstruction (the board of Wayne State University); the first Negro on the board of the Detroit Boy Scouts, and one of the first accepted on the surgery staff of Grace Hospital.

Dr. Burton, the article said, hopes to bring his Mercy Hospital into a vast medical center being planned by the city.

"Detroit has been good to me," he said in Look. "This would be my way of saying thank you."





*Philadelphia Inquirer*  
John Siemanowski, 6, of Riverside, N. J., bravely watches Dr. Ferne Georges of City Health Department give him a polio shot Monday while his brother, Thomas, 8, and sister, Joan, 10, await their turns.



Kathleen Richards, of 6709 Elmwood ave., winces as she gets injection from Dr. Georges. Scene was east entrance to City Hall courtyard where Health Department will give free polio shots through Friday.



*Inquirer Photos by Howard Hamburger, Staff Photographer*  
Dr. Georges' friendly smile fails to comfort Debbie Black, 5, of 4147 W. Lauriston st., who makes her feelings heard. Station is one of four immunization centers manned this week by trained personnel.



Former Virginian

*Journal's Guide* *Norfolk, Va.*  
*Date 12-10-60* *P. 5*  
**Bishop's Daughter Becomes Chief Of  
Psychiatric Center In New Jersey**

By SAMUEL A. HAYNES

ENGLEWOOD, N. J. — A graduate of Booker T. Washington High School in Norfolk, Va., and mother of three small children, is one of three colored women psychiatrists who are blazing new trails in medicine in New Jersey.

When Dr. Virginia M. Love, in private life Mrs. Benjamin H. Wright of this city, became director of the Lakeland Guidance Center at Pompton Lakes recently, it marked the third time that she was appointed to a position held heretofore by whites only.

**THREE YEARS** ago she was the first colored psychiatrist appointed by the Essex County Board of Freeholders to the staff of the Guidance Center in East Orange.

Dr. Love is one of five talented children of Bishop and Mrs. David Cuthbert Love of Richmond who is head of the Church of God in Christ (Holiness) in Virginia. The family has an international background.

**DR. LOVE** credits her successful career to the spiritual and moral training received from her parents and her church, and to the inspiration received as a child from her kindergarten teacher, a Miss Margaret Gordon, now Jacob Junior high Norfolk school principal, and Roderick R. Fox her civics and history teacher at Booker T. Washington high school.

She received the B. S. degree from Virginia Union University in 1945, and the M. D. degree from Howard University in 1950.

She is the first of her race.

She interned at Harlem Hospital and was among the first colored Resident psychia-

**SHE** served as an assistant resident in neurology and psychiatry at Freedmen's Hospital, and as resident psychiatrist at the VA Hospital in Lexington, Mass., and as resident psychiatrist at Bellevue Hospital, New York. She served 2 1/2 years on the staff of Connecticut State Hospital.

**DR. LOVE'S** early ambition was to become a medical missionary to Africa, but when she did get there she was a physician, the wife of Benjamin H. Wright, then a U. S. Liberia. Their oldest child, Deborah, 7, was born there in 1952.

Mr. Wright, an economist, is a magazine advertising executive, and holds degrees from the University of Cincinnati. Their other children are David, 6, and Patricia, 10 months.

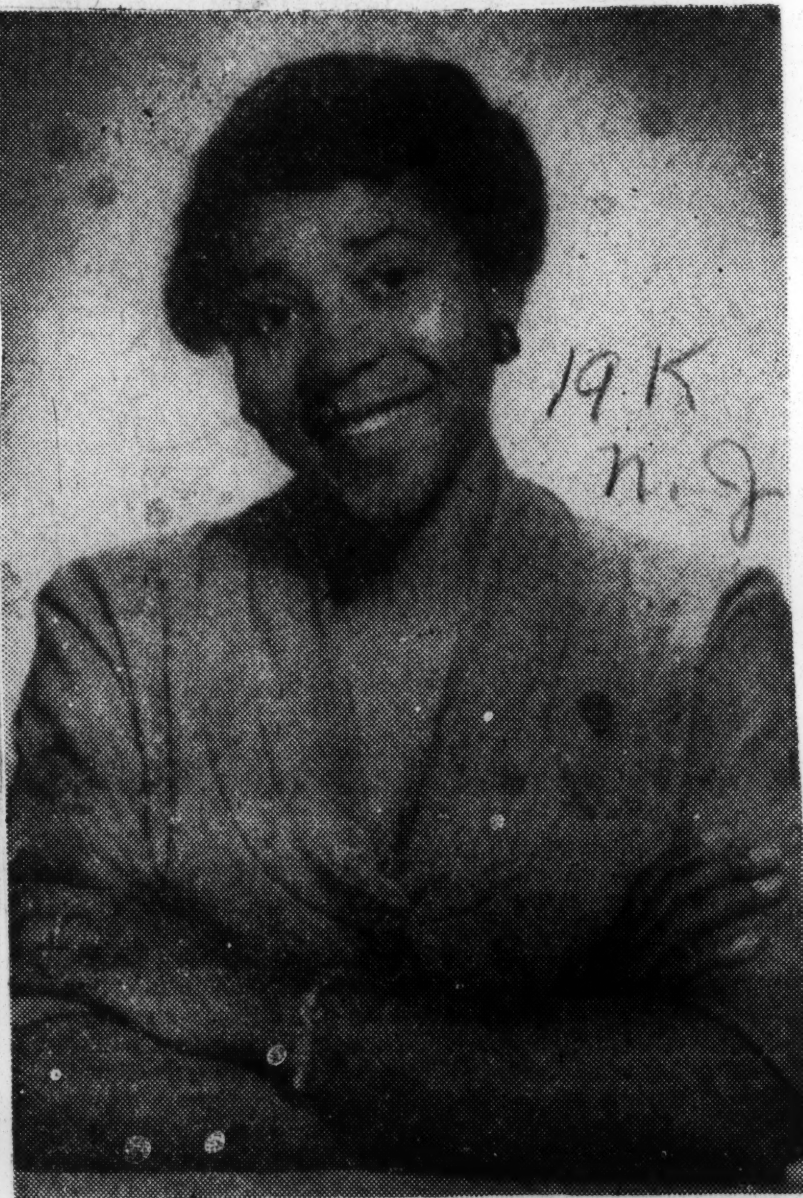
**ONE OF DR. Love's** sisters, Mrs. Deborah Matory, is a psychologist for the Washington, D. C., Board of Education. Her daughter, Yvette, was born in Japan.

Another sister, Carmita Love, is an assistant professor at Cheyney State Teachers College, Pa. A brother, Cleophus, is a student at Virginia Union University and in Washington, D. C.

Dr. Love is a member of the American Psychiatric Association, the American Medical Association and the National Medical Association.

She is active also in the NAACP, the Urban League, and a member of the Gothamettes of New York, the Englewood Club, Delta Sigma Theta Sorority, Jack and Jill Club, and Virginia Union University Alumni, New York Chapter.

Her hobbies are bridge and reading.



**DR. VIRGINIA M. LOVE**  
Psychiatric Director



# Meharry physician wins praise for allergy work

NEW YORK — Significant research in the study and treatment of the allergies of hay fever and asthma has earned a young Meharry doctor the respect and confidence of his colleagues in the medical world as well as the support of several national foundations.

The man to whom national and international recognition is directed for his work in these fields is Dr. Charles W. Johnson, professor and chairman of the department of microbiology at Meharry Medical College, Nashville, Tenn.

Dr. Johnson has just completed two years of study into the allergies on grants provided by the Rockefeller Institute of New York City and has been allowed additional funds to continue his research for three more years at Meharry.

ACCORDING TO latest report, Dr. Johnson's study and research is being financed by a series of grants totaling \$76,500. The largest was a grant for \$67,000 from the U.S. Public Health Center.

Now back at Meharry, Dr. Johnson, supported by the combined grants, will conduct a research program in the college laboratories for the next three years. He will head a staff of five medical students and two research technicians.

Graduated from Meharry only in 1953, Dr. Johnson, a native of Ennis, Tex., made such an impressive record at the college, that he was appointed acting chairman of the microbiology department in 1954, and full chairman last July.

## Hand surgeon wins new post

NEW YORK—Dr. Sylvester J. Carter has been promoted to director of the newly established Hand Surgery Service of New York Medical College, it was announced by the institution's president, Dr. Ralph E. Synder.

The Service is located at Metropolitan Hospital and became effective July 1. One of the city's newest and most modern hospitals, Metropolitan is staffed by the faculty of New York Medical College.

A MEMBER of the faculty of New York Medical College since 1959, Dr. Carter's interest and research in hand surgery initially developed while he was Army captain and chief surgeon at 35th Station Hospital, Roberts Field, Liberia.

Returning from military service in 1946, Dr. Carter completed post graduate work in hand surgery at the University of Pittsburgh and was associated informally with Dr. J. William Littler, eminent hand surgeon.

A GRADUATE of Bates College, Me., Dr. Carter received his M.D. degree from Boston University, completed his internship in pathology at the Massachusetts Memorial Hospital and he was rotating intern in surgery at the Harlem Hospital from 1940 to 1942.

From 1942 - 1944, he was resident surgeon at the Harlem Hospital.

He is a native of Malden, Mass., and he is father of one child. The Carters reside in Manhattan.



19k 1960

NORTH CAROLINA

# Negro Doctor Withdraws Application

GREENSBORO (UPI)—A Negro surgeon withdrew his application for membership Monday in a letter to the Guilford County Medical Society. *WCA 10-26-60*

Dr. Girardau Alexander of Greensboro said "your organization appears to me to be fundamentally un-American. He was one of 12 local physicians and Negro dentists denied full membership in the society. The Negroes were advised recently to apply for scientific membership, as opposed to social membership.

Alexander said his application was submitted for full membership and was returned with the notation that he should resubmit it "with designation of scientific membership being presented on the form."



# Resolution Adopted At Meeting

Sat, 3-26-60  
Staff Asks Plans

Be Made To Use

Colored Physicians

CHARLOTTE, N. C. — If the doctors who practice at Charlotte's Memorial Hospital have their way, the institution will offer its facilities and services to patients on an integrated basis.

The municipally owned hospital with 352 beds, is currently the city's second largest hospital, but the 233-bed addition now under construction will put it ahead of the Presbyterian Hospitals 404 beds.

**THE MEDICAL** staff of Memorial Hospital at its meeting last week adopted a resolution calling for immediate admission of colored patients "in those departments where it may be feasible." In the past colored patients have been admitted only in rare instances.

The staff asked also that half the beds in the addition now being built be set aside for colored patients. The group requested also that a start be made on allowing colored doctors to practice at the hospital, which is run by an independent hospital authority.

**THE PHYSICIANS** added that they would not operate over-crowded Good Samaritan Hospital, Charlotte's only colored hospital on other than a limited basis after the new Memorial wing is opened.

R. S. Dickson, chairman of the hospital authority, termed

the doctors' statement "unfortunate because it is the board and the hospital administrators who run the hospital, not the physicians."

Dickson asserted that the board has decided already that the new wing will be used by colored and white patients and that colored doctors will be able to practice there when the wing is completed in late 1961.

## STATE DOCTORS TO FACE ISSUE

Membership Application of  
Negro Physician Looms  
Before Convention

The North Carolina Medical Society's executive council is expected Sunday to consider the application of a Negro physician who wants full membership in the organization.

The council met Saturday afternoon and reviewed committee activities and proposed recommendations to be made to the full convention which begins a four-day run here Sunday afternoon.

Dr. John C. Reese of Morganton, Society president, said the application of Dr. Emery L. Rann, Charlotte Negro, was not reached on the council's agenda.

It is to be taken up Sunday when the council convenes again at 9:30 a.m.

**Full Membership.**

Dr. Rann, president of the all-Negro Old North State Medical Society, applied for full membership in the state group which so far has granted Negroes "scientific membership." This carries all privileges except social.

Dr. Rann, saying he would accept nothing but full membership, commented, "I should like to emphasize that it is not for social privileges necessarily. I don't see accepting membership any less than for other doctors. I don't see why I should be chosen for inferior membership just because of race."

Only two North Carolina Negro doctors have accepted the scientific membership.

The first of an expected 1,400 physician from throughout the State arrived here Saturday. Exhibits and business sessions will be held at Reynolds Coliseum. Registration is scheduled for Sunday.

Highlights of the meeting include a speech by U. S. Sen. Sam Ervin (D-NC) to the first general session Tuesday, installation of Dr. Amos N. Johnson of Garland as society president Tuesday night, and speeches Monday and Tuesday by Dr. Leonard Larson, chairman of the American Medical Association Board of Trustees.

In addition to registration Sunday, the delegates will install scientific exhibits at the Coliseum, hold an audio-visual program at the State College Union and attend a memorial service for members who died since last year's meeting at the Hotel Sir Walter. Seventy-nine deceased members will be eulogized.

The first meeting of the house of delegates is scheduled for Monday morning, and the first general session will be held Tuesday.

The State Board of Health will make its annual report to the Society Wednesday morning.

Dr. Johnson, present vice president, will be moved up to succeed outgoing president Dr. John C. Reece of Morganton. Guest speaker at the installation ceremony will be Dr. Louis M. Orr, president of the American Medical Association.



MEDICAL SOCIETY OFFICERS CHECK PROGRAM FOR ANNUAL CONVENTION HERE

... Dr. John C. Reece, president; Dr. Amos N. Johnson, president-elect.

## COUNTY MUST OKAY DOCTOR

Medical Society Declines  
to Take Up Negro  
Doctor's Application

The Executive Council of the North Carolina Medical Society said Sunday it leaves it up to county societies to determine qualifications for membership.

The Council declined to take up the membership application of a Charlotte Negro doctor on the ground that he was not sponsored by the Mecklenburg County Society. Dr. John C. Reece of Morganton, president of the state so-

ciet, said applicants for membership in the state society must be sponsored and received through a county unit. The proper county society has not sponsored an application for Dr. Emery L. Rann, "and therefore we could not act on it," Dr. Reece explained.

Dr. Rann, president of the All-Negro Old North State Medical Society, had said his application sought full membership, privileges, rather than the "scientific membership" which does not cover social activities.

The Executive Council session came as a prelude to the main sessions of the 106th annual meeting of the State Medical Society. The House of Delegates held its first meeting Monday. The annual meeting continues through Wednesday.

Delegates began registering Sunday at Reynolds Coliseum on the State College campus, where sessions will be held.

A memorial service for doctors who have died in the past year was held Sunday evening.

Dr. Reece issued this statement for the executive council on the membership application for Dr. Rann:

"This is concerning qualifications for membership in the Medical Society of the State of North Carolina. Membership in the Medical Society of the State of North Carolina requires that applicants be sponsored and received through a component county medical society. In this case, the concerned medical society of Mecklenburg County has not filed such an application with the Medical Society of the State of North Carolina."



# Negro Doctor Group Answers Statements

*Raleigh N.C.*  
ROCKY MOUNT (UPI) — A

Negro doctor differed sharply Thursday with statements of the new president of the North Carolina Medical Society about an agreement with members of the Negro medical group.

Dr. W. T. Armstrong, secretary of the Old North State Medical Society, said his group had not entered into any agreement to accept limited membership in the North Carolina Medical Society. Dr. Armstrong's group is made up of Negro doctors while the State Medical Society has only white members.

Dr. Amos N. Johnson, new president of the State Medical Society, told members Wednesday the NAACP was applying pressure to members of the Negro group to seek full membership in the society. He said members of the Old North State Society had agreed several years ago to accept only scientific membership.

Armstrong said meetings between the two groups had shown "social privileges were not ut- most in the thinking" of the Negro doctors.

"Apparently Dr. Johnson admitted by innuendo that the membership now offered to Negro doctors was second-class as is shown by his statement that 'now they (Negroes) want to dance with us and sit by us at the banquet.'"

Armstrong said the white doctors felt that they themselves should be the judge of the persons that they might desire to socialize with at any banquet or dance.

He said the members of his group had "just as much concern about whom they danced with and whom they sat beside at a banquet as the members of the Medical Society of North Carolina."

## Contributor.

As for NAACP activities, said Armstrong, "This organization is a contributor to the life membership plan of the NAACP and its membership needs no outside influence to prod it into securing first-class membership in any organization."

"For anyone to assume such an attitude is an attempt to hide the basic issue," said Armstrong of Johnson's talk before the Society's convention in Raleigh.

"The basic issue now is just as it has always been," Armstrong added: "First-class membership

as offered to other doctors in this State."

The North Carolina Medical Society turned down a Negro doctor's application for membership Sunday, saying he would first have to be recommended by the County Medical Society.

# Aurora Pupils Strike In Principal Dispute

*Raleigh N.C.*  
AURORA—Students of the S. W. Snowden (Negro) High School

here are expected to return to classrooms Friday after a week-long boycott.

The student strike began Monday when only 121 of 735 students appeared for classes, apparently to protest against the school principal, S. W. Snowden.

The controversy was caused by a reported conflict between the principal and the high school agriculture teacher, Joseph B. Case.

The Aurora School District committee had failed to approve a recommendation that Case be re-hired for the coming year. The committee minutes of its May 3

meeting regarding Case stated the following:

"Information given by the PTA committee indicated that a conflict had arisen between Principal S. W. Snowden and Agriculture Teacher Joseph B. Case Jr.

to the extent that difficulties would probably be encountered should they continue to work at the same school, and that this committee could not support both

parties in this situation. At the present time, it is the feeling that the committee should support the principal's position."

Case had sided with a PTA steering committee regarding a truancy project and the PTA issued a request that Case be returned as a teacher. When he was not asked back, the students demonstrated in his behalf, although Case urged them to return to school.

Thursday afternoon, W. F. Veasey, county superintendent of schools, met with a member of the PTA steering committee.

The head of the steering committee said that all school patrons have been asked to have their children at school Friday morning and the steering committee also has requested that they be heard at the next County Board of Education meeting the last of May so they might air their grievances.

The board has not yet taken any action in the matter. No direct appeal had been made to them.

# Tarheel Medic Honored

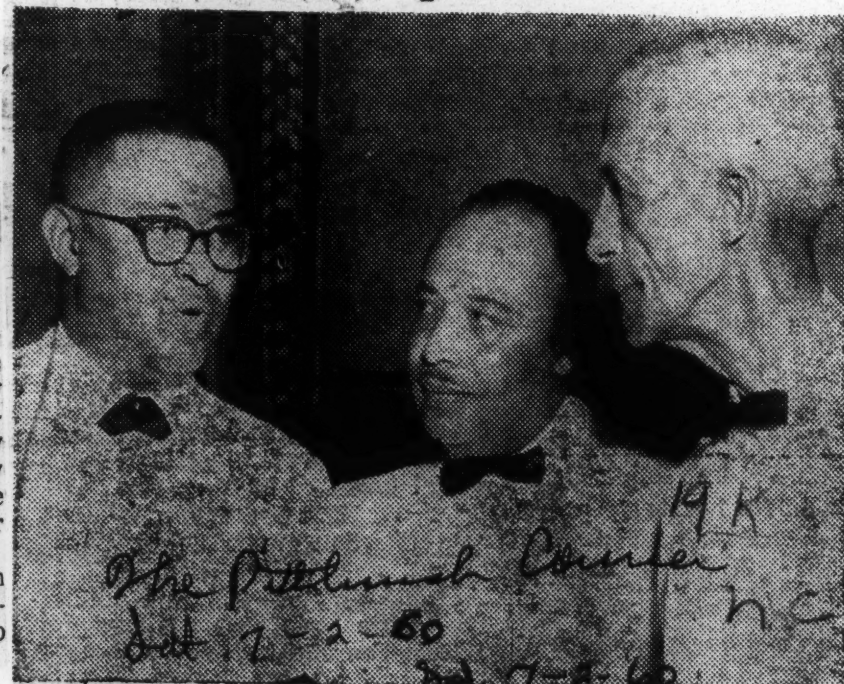
# Pioneer Physician 'Doctor of Year'

*Pittsburgh Pa.*  
GREENSBORO, N.C. — A pioneer physician in Monroe, N.C., who made his first calls by horse and buggy was cited as "Doctor of the Year" by the Old North State Medical Society at its 73rd annual convention here last week.

Dr. H. H. Creft, 75, who has practiced in Monroe for 48 years was cited for meritorious service to the profession of medicine and to the professional organizations of which he is a member.

The citation, an engraved plaque, was presented to him at the joint banquet for the medical group of the Old North State Dental Society, meeting here at the same time.

It was noted that Dr. Creft began practice in 1912 immediately following his graduation from the Leonard Medical College at Raleigh. One of his sons and a nephew, he reared, are also practicing medicine in the state.



"DOCTOR OF YEAR"—Dr. H. H. Creft, right, cited as "Doctor of the Year" by the Old North State Medical Society. Dr. J. S. Simmons, Sanford, left, chairman of the awards committee, presents the plaque as Dr. E. L. Rann, Charlotte, retiring president, looks on from center.

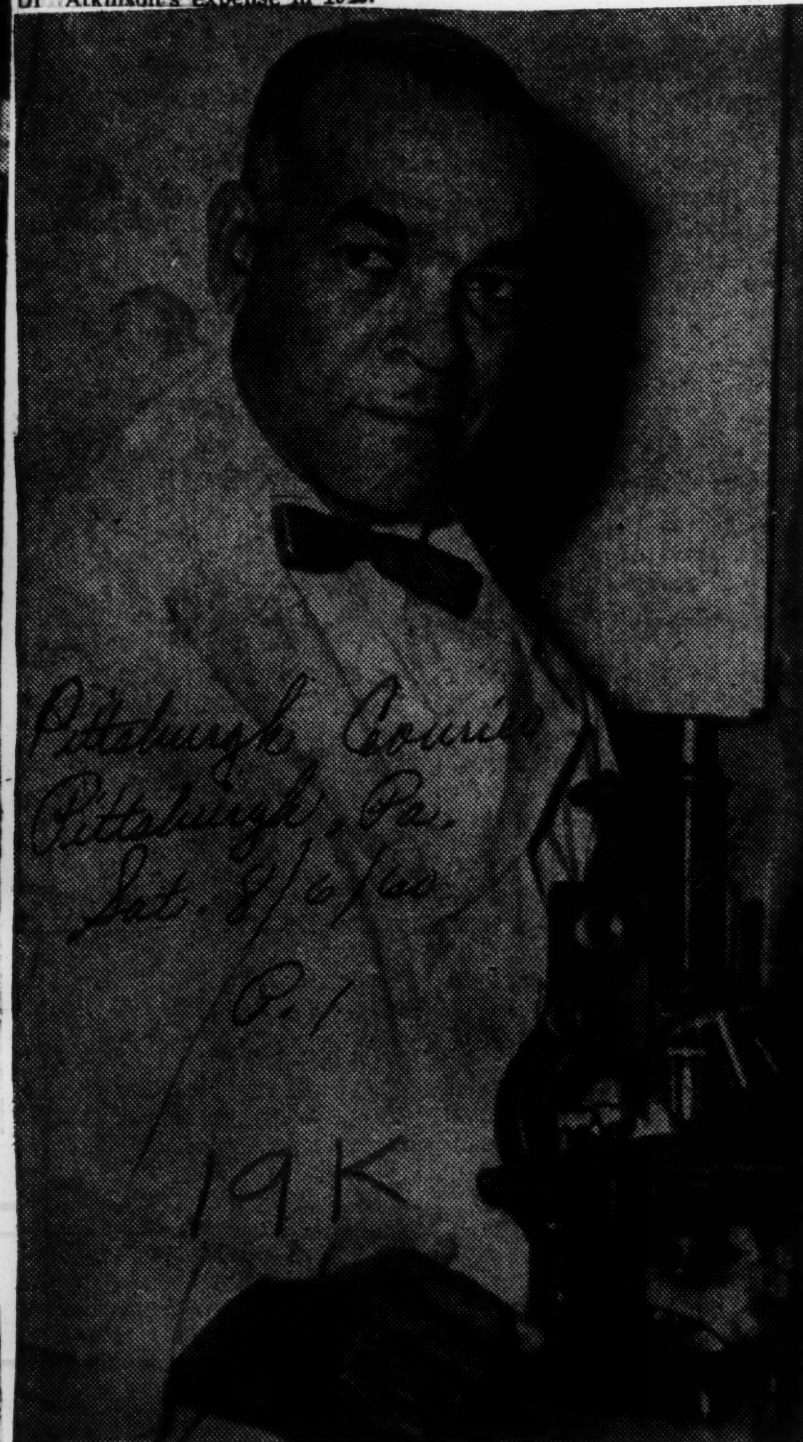


19k 1960

PENNSYLVANIA

The hospital, known as Clement Atkinson Memorial Hospital, in memory of the doctor's father, was presented to Coatesville as a voluntary non-profit community hospital.

The hospital was enlarged at Dr Atkinson's expense in 1946.



**TOP DOC**—Dr. Whittier C. Atkinson became the first Negro to be named to the coveted position of "General Practitioner of the Year" by the Pennsylvania Medical Society. Dr. Atkinson will receive the award at the medical society's annual meeting at Atlantic City in October.—Wide World Photo.



DR. WHITTIER ATKINSON

## Name Coatesville medic 'Doctor of the Year'

PHILADELPHIA—The honor of "General Practitioner of the Year" was bestowed on Dr. Whittier C. Atkinson, of Coatesville, who was chosen as the "general physician who has most faithfully performed outstanding service in his practice of medicine and contributed greatly to the general welfare of his community, county or State."

Dr. Atkinson was selected by the State Medical Society. A general practitioner in Coatesville since 1927, Dr. Atkinson is a native of Georgia where he was born in 1893. The doctor is a graduate of Georgia Medical College and received his medical degree from Howard University College of Medicine. Dr. Atkinson has been in organized medicine since 1927, serving as president of the Chester County Medical Society and currently is chairman of the county society's Speakers Bureau. Dr. Atkinson built a one-story, five-bed hospital with his own funds in 1932. The hospital is adjacent to his home and for the first year more than half of the in-patient care was provided without charge.

## "Practitioner Of Year" Pennsylvania's Medical Honors To Negro Doctor

COATESVILLE, Pa. (ANP)—For the first time in Pennsylvania medical history a Negro has been selected "practitioner of the year" by the state medical society.

The honor was last week bestowed on Dr. Whittier C. Atkinson, founder of the Clement Atkinson Memorial Hospital. He will receive official recognition at the medical society's annual meeting in Atlantic City in October.

DR. ATKINSON came to Coatesville in 1927. He began private practice and five years later built a one-story, five-bed hospital adjacent to his home. For the first year, more than half of the in-patient care was provided without charge.

In 1946, at Dr. Atkinson's personal expense, the hospital was enlarged. It now has 27 beds, and is staffed by 20 physicians, six nurses and 23 other employees.

Dr. Atkinson is a graduate of the Howard University Medical School. For a number of years he was the only colored doctor in Coatesville, a community of 13,000 about 30 miles from Philadelphia.

THE ATKINSON Hospital is integrated in every respect. The doctors come from as far away as Greece and the Dominican Republic. Patients are accepted on the basis of bed space—never according to race, creed or color.

Much of the credit for the success of the hospital goes to Dr. Atkinson's wife, the former Alice Johnson of Philadelphia. She was a teacher in

the Philadelphia school system before resigning to handle administrative duties of the hospital.

THE DOCTOR recalled the time he operated on a woman for a tumor in her shoulder as big as a quart cup.

"She said to operate and told me she couldn't afford a surgeon. She couldn't pay me, but had confidence that she would be all right—even though I'd never performed such an operation. That was 30 years ago and I'm proud to say she lived to an old age," he said.

A NATIVE of Georgia, Dr. Atkinson graduated from Howard. He has served as president of the Chester County Medical Society and currently is chairman of the county society's speakers bureau.



19k 1960

TEXAS

# Dr. A. W. Beale Heads Homer G. Phillips Internes

ST. LOUIS — Dr. A. W. Beale of Houston, Texas, succeeded Dr. Mayo Harris, as president of the Homer G. Phillips Internes Association at its 16th Annual Convention here last week.

The sessions which convened here at Homer G. Phillips Hospital closed Thursday night at banquet which featured John H. Johnson, president of the Johnson Publishing Co., as guest speaker.

In attendance from the Birmingham area were: Robert C. Stewart, M. D., Obstetrician, Gynecologist; Herschel L. Hamilton, M. D., Surgeon and Earle S. Jamison, M. D., Generalist, who joined over 300 delegates and visitors for the sessions.

The week-long convention was designed for enlightenment on new advances in practical and specialized medicine highlighted with discussions and clinical observations at the hospital. The progress of the hospital and its problems were also discussed.

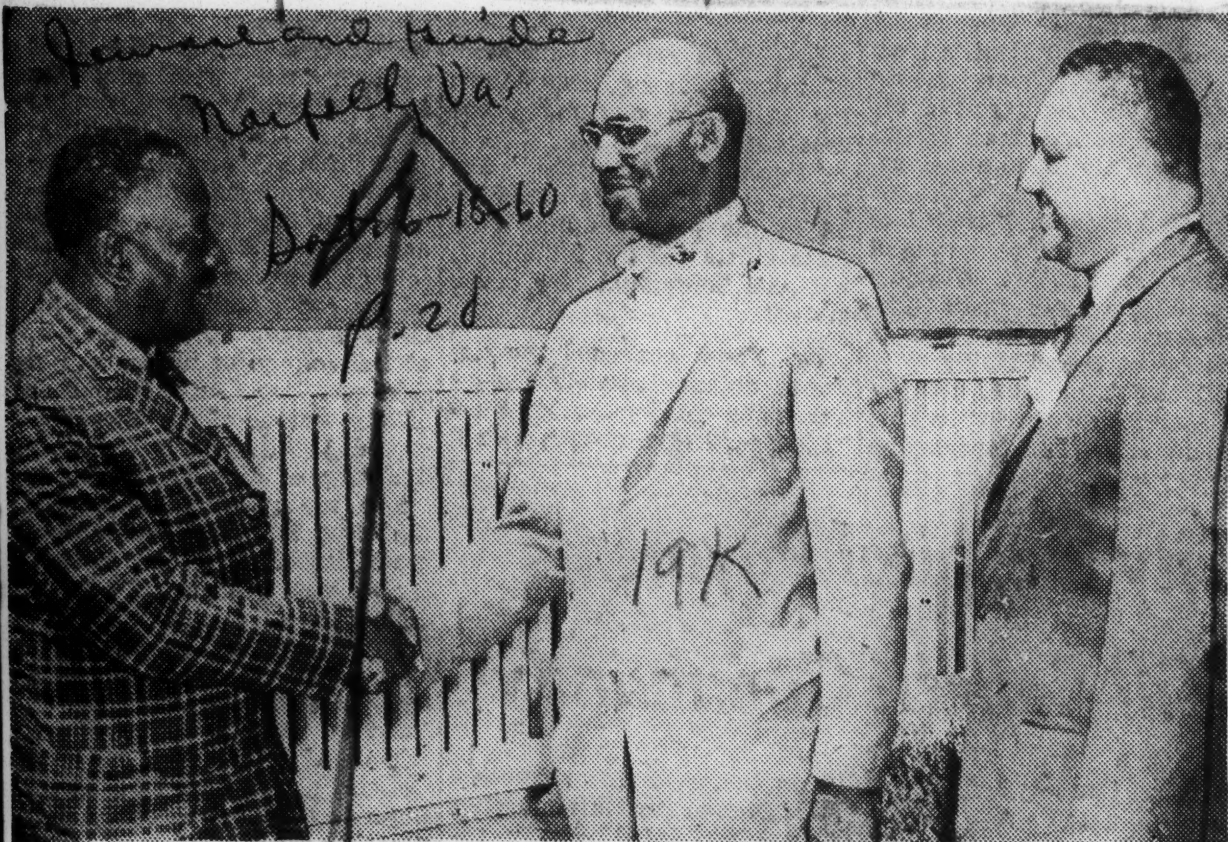
Among the distinguished speakers were: J. Earl Smith, M. D., Director of Health and Hospitals, City of St. Louis; Matthew Walker, M. D., Professor of Surgery, Meharry College, Nashville, Tenn.; Benjamin M. Black, M. D., Associate Professor of Surgery, Mayo Clinic, Rochester, Minn.; Carl A. Moger, M. D., Professor of Surgery, Washington University of Medicine; Benjamin Felson, M. D., Professor and Director, Department of Radiology, University of Cincinnati College of Medicine; L. V. Ackerman, M. D., Professor of Surgical Pathology and Pathology, Washington University School of Medicine, St. Louis, Mo.

Other officers elected were Doctors Leon Waddy, Pittsburgh, Pa.; Vice President; J. Owen Blache, St. Louis, Mo.; Secretary; William E. Allen, St. Louis, Mo., Treasurer; J. C. Sherard, St. Louis, Mo., Parliamentarian and Scipio Murphy, Detroit, Mich., Historian. Regional Directors elected were Doctors: Max Johnson, Pittsburgh, Pa.; Geo. C. Lawrence, Atlanta, Ga.; Thomas Rusan, St. Louis, Mo.; S. D. Hill, Louisiana.



# White Minister Is Ser

Clip in one piece



## Old President Congratulates New

Dr. A. W. Pleasants of Lexington, Va., out-going president of the Old Dominion Medical Association, congratulates newly-elected president, Dr. E. G. Stewart of Tappahannock. Dr. R. N. Boulware, of Lynchburg, president-elect, looks on. The other newly elected officer was Dr. E. C. Downing, Newport News, vice-president.

The association's annual convention was held at Hampton Institute, June 8-9.

## At Hampton Institute

# Virginia Medical Group Holds Annual Convention

*Journal and Guide*  
Norfolk Va.  
Date 6-18-60  
p. 20

HAMPTON, Va. — The Old Dominion Medical Society and its Women's Auxiliary held their 54th annual state convention at Hampton Institute, June 8-9.

The two-day session opened with a joint meeting of the

two groups, presided over by Dr. A. W. Pleasants, Jr., president of the society. Mrs. W. Anthony T. Moll, Hampton; W. Pierce, president of the woman's auxiliary, extended greetings.

**THE WEDNESDAY** scientific session was presided over by Dr. C. J. Waller, past pres-

ident of the organization, and included presentations by: Dr. Jason E. McClellan, Newport News and Dr. W. T. Watkins, Newport News.

The Women's Wednesday session included a panel discussion on, "Action Through Leadership," moderated by



## New Officers Of Medical Auxiliary

The Ladies Auxiliary to the Old Dominion Medical Society held its annual meeting in the Katherine House on Hampton Institute's campus, June 8-9.

Officers for the 1960-61 term are shown above. From left to right, are: Mrs. H. M. Diggs, Suffolk, president; Mrs. Nathaniel Dillard, Richmond, president-elect; Mrs. Clifton F. Nelson, Lawrenceville, vice-president; Mrs. G. C. Cypress, Newport News, recording secretary; Mrs. Gloria Selden, Norfolk, financial secretary; Mrs. A. W. Douglas, Hampton, parliamentarian and Mrs. Burl Bassette, Hampton, sergeant-at-arms.

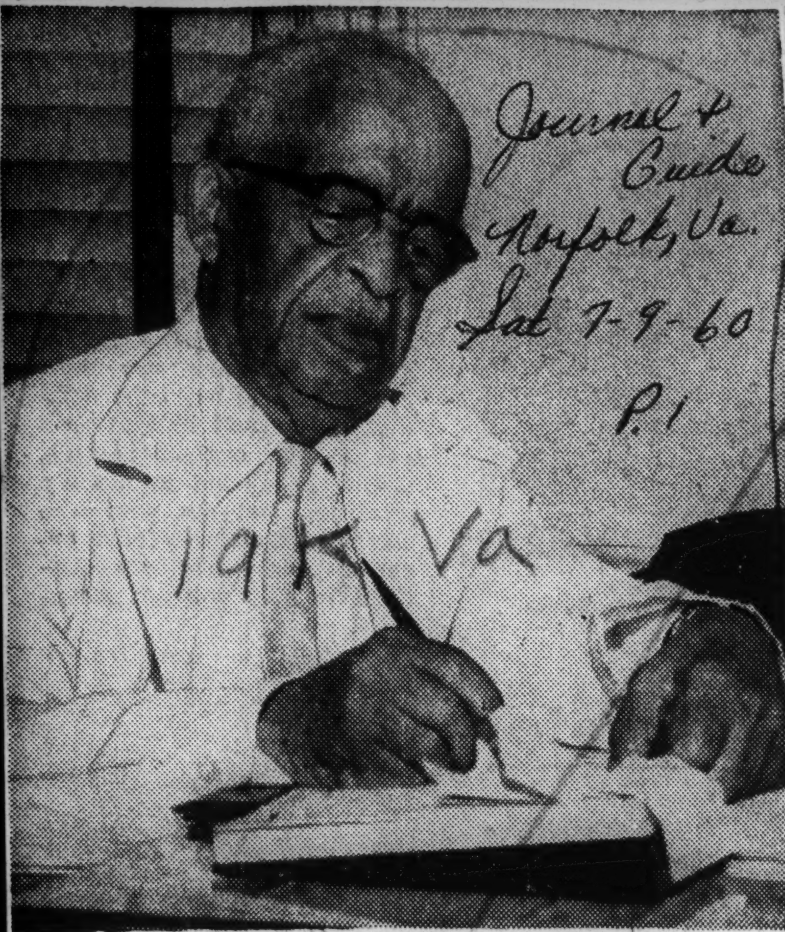
Mrs. H. M. Diggs. Mrs. C. F. Nelson discussed, "Leadership in the Home"; Milton Dr. J. H. Roberts, Roanoke, president; Mrs. Nathaniel Dillard, student, discussed "Leadership in the Schools." Charles Sherrod, Virginia Union student, spoke on "Leadership in the Community."

On Thursday, the men's scientific session was presided over by Dr. H. W. Williams, past-president. The following physicians presented papers at this meeting. Dr. William Kretz, Newport News; Dr. Robert J. Frank, Newport News and Dr. Frank A. Kearney, Hampton.

**THE WOMEN'S** Thursday session was presided over by Mrs. Nathaniel Dillard, vice-president, and included reports from auxiliaries and the secretary-treasurer. New committees were appointed and new members introduced at this session.

**DR. E. C. Downing**, Newport News, vice-president; Dr. W. C. Calloway, Richmond, secretary-treasurer; Dr. C. W. Cartwright, Emporia, assistant secretary-treasurer and Dr. Nathaniel Dillard, Richmond, historian.





## 55 Years In Medical Profession

This photo represents a historical landmark in the career of Dr. Frank R. Trigg, Norfolk, who will retire on August 1 after making a unique record in the medical profession after 55 years. The Journal and Guide photographer snapped this picture of Dr. Trigg in his office at 705 Reservoir avenue. A member of a distinguished family, Dr. Trigg has often been honored for his services to the community, state and nation.

## To Retire August 1

# Dr. Frank Trigg Closing Out 55 Years Of Practice

By THOMAS L. DABNEY

NORFOLK—After practicing medicine in Norfolk for 55 years, Dr. Frank R. Trigg will retire on August 1. He has had a distinguished career in the medical profession, having been honored many times by the federal government, the state government, professional organizations and civic groups for his unique record and philanthropic services.

Dr. Trigg, who was born in Lynchburg, Va., Jan. 10, 1882, is the son of the late Frank

children and great grandchildren of his race to become a member of the American College of Chest Physicians below the Mason and Dixon line. He

One of the most gratifying things about Dr. Trigg's experience is the continuity of service he has been able to give family offspring year after year. In this connection Dr. Trigg says "every doctor ought get something out of his practice which he did not learn in school or read in books."

DR. TRIGG also believes that doctors ought to contribute more to medical publications, and that they should be willing to give their opinion on medical problems. He illustrated this during an interview last week with this one incident which he said he could repeat on other issues:

When doctors were advised not to give digitalis to patients with high blood pressure who had organic heart trouble, Dr. Trigg said he did not agree with the advice and continued to use it. Later, he said, experts recommended digitalis in such cases.

DR. TRIGG HAS an excellent record in public service. From 1905 until 1933, or for 25 years, Dr. Trigg gave his services free of charge to the Leakes Old Folk's Home in Norfolk. He operated a clinic for Norfolk under Dr. Powhatan Schenck, commissioner of health, free of charge.

He has certificates of appreciation from the President of the United States for his work with the local draft boards under the Selective Service System during World War II and from Governor Thomas B. Stanley and Governor John S. Battle for services to the State of Virginia.

FOR TEN consecutive years, Dr. Trigg, who is an expert in the treatment of chest diseases, treated TB patients at Suffolk Community Hospital, and gave 10,000 pneumothorax refills, all free. He had charge of the T. B. Ward at Community Hospital for a year and six months. He has been consultant on chest diseases at Community Hospital for several years. He was also on the consultant staff at Granby Sanatorium until it was closed.

DR. TRIGG began his practice in Norfolk in 1905 when he came to Norfolk by the mode of travel for physicians was on horse back. He visited many patients with his medicine kit riding a horse. Today Dr. Trigg counts among his patients, children, grand-

children and great grandchildren of his race to become a member of the American College of Chest Physicians below the Mason and Dixon line. He is a member of the Old Dominion Medical Society, the Norfolk Medical Society and other professional organizations. He has been president of all of these organizations, and has contributed much to their growth and influence in the state and community.

Dr. Trigg is also a member of the American Tredeau Society and the American Geriatrics Society. He holds membership in the Virginia Medical Society, the American Medical Association, and the National Medical Association. He is also a member of the New York Medical Society and Bellevue Post Graduate Allergy Society.

DR. TRIGG has taken many post graduate courses in northern and western cities. These studies have covered several years.

Several organizations including the Phi Beta Sigma Fraternity and the Omega Psi Phi Fraternity have honored Dr. Trigg for his services to the community, state and nation over a period of 50 years. The Old Dominion Medical Society gave Dr. Trigg a plaque for 50 years work in the profession. The State TB Association gave him a medallion two years ago for outstanding work in the state for 50 years. The local TB Association gave him a certificate recently for his 50-year record as a physician.

DR. TRIGG IS the member of a noted family. There were 11 children in the family, but two died in their infancy. One brother, Dr. Harold L. Trigg, is a member of the North Carolina Board of Education and former president of St. Augustine's College at Raleigh, N. C. Another brother, Dr. C. Y. Trigg, was pastor of Salem Methodist Church in New York City, when he retired. He succeeded Post Countee Cullen's father at that church.

A THIRD brother, Dr. Edward G. Trigg, is a veterinarian at Tuskegee Institute. He does X-ray work and radiology for the institute, and served 14 years at Virginia State College before going to Tuskegee. Eight of the members of Dr.

Trigg's family have college degrees, and one brother, Eustace S. Trigg, was a successful businessman in Pennsylvania for a number of years.

DR. TRIGG married the former Miss Adele Woodley of Norfolk in 1908. She died in 1928. In 1933 he married Miss Beulah M. Turner of Norfolk. From 1933 to 1937 Dr. Trigg practiced medicine in Lynchburg where he went to look after his ailing mother after his father died. He remained in Lynchburg until his mother's death, and returned to Norfolk. He explained that he never intended to practice permanently in Lynchburg, but only went there to be with his mother.

AN ACTIVE man still for his years, Dr. Trigg has no intention to stop working. He loves to read, enjoys horse races and has a keen interest in community problems. He says every one should be interested in voting and that he has been voting for years.

Dr. Trigg is not retiring from community work on August 1. He's just giving up his medical practice. He will have more time for reading and time, perhaps, for some writing.

Dr. and Mrs. Trigg reside at 933 Oaklawn avenue, Norfolk.



19m 1960

GENERAL

## 710 Cases Of TB-Like Disease Noted

The Veterans Administration since January 1, 1960, has registered 710 cases of tuberculosis-like diseases which has come to the attention of physicians in the United States during recent years.

As yet the disease has no name more specific than "infections due to unclassified mycobacteria." Doctors are trying to learn more about the bacteria that cause it.

The infections closely simulate TB and usually affect the lungs.

Since the prevalence of the disease in this country is unknown, the VA undertook the task of compiling a case register from the agency's hospitals and clinics on a nationwide basis about a year ago.

So far, California has reported the highest number of cases, 95, and New York is second with 87. Tennessee reports 72, Illinois 65, Missouri 64, Texas 56, Kansas 34, Indiana 32, Mississippi 31, Hawaii 23, Kentucky 20, Arizona 17, Minnesota 16, and Michigan 13.

Other states report fewer cases, except for 11 states which report none. These 11 are Colorado, Connecticut, Delaware, Iowa, Maine, Montana, Nevada, New Hampshire, South Dakota, Vermont and Wyoming.

The register will be used by the VA for valuating treatment of these patients and developing new research approaches to the disease.



19m 1960

NATIONAL TUBERCULOSIS ASSOCIATION

**T.B. Association  
Is Recipient Of  
\$6,000 Grant**

*Handwritten: The Call, Kansas City, Mo., Apr. 8/5/60*  
A grant of \$6,000 for 1960-61, has been presented to the Heart of America Tuberculosis and Health association by the National Tuberculosis association under the direction of Dr. Florence E. MacInnis.

*Handwritten: 6-16*  
This grant is for a study to evaluate the tuberculin test as a case-finding tool among school children of various age groups. Children in the 5th grade who were negative last year will be retested in the 5th grade to determine the conversion rate. These rates will be compared with rates already determined for kindergarten and the first grade.

The Heart of America Tuberculosis and Health association, in cooperation with the Kansas City public school system has been engaged in the study of tuberculin testing for the past 10 years.

The grant is one of 40 grants totaling \$282,825 to aid investigators engaged in research approved by the American Thoracic Society, medical section of the National Tuberculosis association.

In addition to the \$6,000 national grant, the local association pays for the 70 mm x-rays taken of the reactors and their contacts in an effort to find the source of tuberculosis. In Missouri, approximately one per cent of grade school children are tuberculin reactors. The rate increases with age and about half of the population over age 50 will react to tuberculin.



# ALARMING RISE IN VENEREAL DISEASE TOLD

seems to be an important factor.

## Increases Abroad, Too

Twenty-nine states reported increased V. D. incidence in the 15-19 age group during 1959, and 19 states noted a rise in infections among children of the 10 to 14 age bracket.

—The American Social Health association Friday reported an alarming rise in venereal disease in many parts of the United States, reaching all the way down to the ranks of early infectious syphilis in children in the 10-14 age bracket.

It showed that the number of early infectious syphilis cases for the nation as a whole was up 46 per cent during the first nine months of the 1960 fiscal year. This period, from July, 1959, to March, 1960, is the most recent for which V. D. statistics are available.

Twenty-eight states reported increases over the comparable period of the preceding year.

Among the states with a significant number of cases, Louisiana had the sharpest increase—245 per cent. Washington state was up 464 per cent, but it previously had a very low rate.

40 Per Cent Rise in Illinois

Other states with sharp rises included Pennsylvania, 96 per cent; Texas, 92 per cent; New York, 82 per cent; Florida, 73 per cent; Illinois, 40 per cent; and California, 25 per cent.

The new figures indicated that the resurgence of venereal disease, reported earlier by public health authorities, had accelerated in recent months.

During the entire calendar year 1959, the number of early infectious syphilis cases for the nation was 36.4 per cent higher than in 1958.

Social health authorities say that increased sexual promiscuity among teen-agers